



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

St. Joseph County Health Dept.
 227 West Jefferson Boulevard
 9th Floor County-City Building
 South Bend, Indiana 46601
 Phone: (574) 235-9721
 Fax: (574) 235-9497

Water Supply Well Permit Application

WELL INFORMATION

Residential Use: Non-Residential/Non-Public Use: Public Use: Monitoring:

Non-Potable Water Supply: Abandonment Only:

Existing Well Will be Properly Abandoned: Yes: No (\$75.00 Fee): No Existing Well:

Well Driller: _____ (Must be identified prior to permit being issued)

Proposed Well Location Staked? Yes No

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Work #: _____ Fax #: _____

Person to Contact When Permit is Ready: _____ Telephone #: _____

Notify me of approval/disapproval by (choose one): Phone FAX Mail

SITE INFORMATION

Street Address: _____ City: _____ Zip: _____

Subdivision (if no address available): _____ Phase: _____ Lot #: _____

Township: _____

Directions: _____

CERTIFICATION

I hereby certify that there are no misrepresentations or falsifications of the above statements. I am aware that any such misrepresentation, falsification, and/or changes in information without consulting the Health Department are grounds for the revocation of the Water Supply Well Permit and penalties as prescribed in the Well Drilling and Water Supply System Ordinance.

Signature of Applicant: _____ Date: ____/____/____

 PERMIT ISSUED TO HOMEOWNER / COMPANY _____ / _____ / _____
 DATE

-----OFFICE USE ONLY BELOW THIS LINE-----

Permit Number: _____ Transaction Number: _____