

Steuben County Health Department

317 S. Wayne St.

Suite 3A

Angola, IN 46703-1918

219-668-1000

Ext 1515

Permit No. _____

New _____

Replace _____

Renewal _____

Date Issued _____

Permit Application For Well Installation

Name of Property Owner _____ Phone _____

Present Mailing Address _____

Lot _____ Lot Size _____ Subdivision _____

Section _____ Township _____ Range _____

Soil Classification and Map Unit _____

Well Size _____ Distance from Nearest Sewage System _____

Purpose of Well: Commercial _____ Residential _____

Agriculture _____ Other _____

Well Installation Company _____

Type of Well: Drilled _____ Driven _____ Depth _____

DRAW PLOT LAYOUT OF RESIDENCE

Old well must be grouted shut and properly abandoned by a Indiana licensed well driller and indicated on new well log..

I hereby certify that facilities at the above location will be installed in compliance with the Steuben County Ordinance, and as outlined in this application. I further certify that to the best of my knowledge all information contained in this application is correct. Failure to comply with the provisions of Steuben County Ordinance is a misdemeanor and on conviction is punishable by a fine up to five hundred dollars (\$500.00) for the first offense.

If the permit is issued to the applicant (property owner) it is expressly understood that it cannot be transferred to any other person, nor for any other location. The issuance of this permit is in no way to be construed as assurance by the department that the proposed installation will always operate successfully.

Property owner must call for an inspection after residence is equipped with running water.

Date _____

Signatures of property owner or owners _____

Witness _____

Issued By _____

Final Inspection By _____ Date _____