



Private Water Well Construction & Repair Application

Owner Name: _____
Phone: _____
Email: _____
[] Same as site address
Address: _____
City, State, Zip: _____

Site Address: _____
City, State, Zip: _____
Subdivision: _____
Township: _____
Parcel #: _____

Well Driller & Pump Installer Information

Well Driller: _____
Contact Name: _____
License # _____

Address: _____
Phone: _____
Email: _____

Well Construction or Repair Information

New: [] (\$125) [New Casing installed] | Replace/Repair Pump: [] (\$35) [using existing well casing]

Well Usage: [] Residential | [] Commercial | [] Other: _____ [] Potable | [] Non-potable

Pump Type: [] Submersible | [] Jet | [] Other: _____

Size of Well Casing: [] 4" | [] 5" | [] 6" | [] Other: _____

Sewage Disposal: [] On-site Septic | [] Sanitary Sewer

Septic/Sewer Separation: _____

Structure Separation: _____

A scaled drawing must be provided and include the following:

- Scale < 1"= 50'
Property lines
Lot dimensions
Main road
Footprint of all structures
Driveway
Location of septic system/sanitary sewers
Existing/abandoned wells
Areas where animals are housed or grazed
Fuel tanks
Ponds, creeks and streams
Neighbor's septic system (if well is within 50' of property line)
Areas where commercial pesticides, herbicides and/or fertilizers are stored
Any other possible source of contamination to a private water well

The Hamilton County Health Department must conduct an inspection of the well and obtain a satisfactory water sample result before the well may be released for use. Please call (317) 776-8500 to make an appointment after work is completed.

I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true and further do now certify that the well construction/pump installation for this facility will be installed to meet state and local requirements of the Health Department of Hamilton County, Indiana.

Date: _____ Signed: _____ (Applicant)