

## Private Water Well Construction & Repair Application

Owner Name: \_\_\_\_\_ Site Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Same as site address Township: \_\_\_\_\_  
 Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

### Well Driller & Pump Installer Information

Well Driller: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 License #: \_\_\_\_\_ Email: \_\_\_\_\_

### Well Construction or Repair Information

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

Well Usage:  Residential |  Commercial |  Other: \_\_\_\_\_  Potable |  Non-potable

Pump Type:  Submersible |  Jet | Other: \_\_\_\_\_

Casing Size:  4" |  5" |  6" |  Other: \_\_\_\_\_

Sewage Disposal:  On-site Sewage System |  Sanitary Sewer

Septic/Sewer Separation: \_\_\_\_\_

Structure Separation: \_\_\_\_\_

**A scaled drawing must be provided and include the following:**

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