

KOSCIUSKO COUNTY HEALTH DEPARTMENT
PERMIT APPLICATION FOR
PRIVATE WATER WELL
Telephone: 574/372-2349
Fax: 574/269-2023

Permit # _____
New Home _____ Existing _____
Date Issued _____
Issued By _____
Septic Permit # _____

Name of Applicant: _____

Present Mailing Address: _____

City/State/Zip: _____

Telephone: (home) _____ (day) _____ (Attach Site Plan)

I hereby request a permit to construct a private water well system at the following location. (State or Rural Address - use map, road numbers, or EMS lanes when possible.) Please give detailed directions to help us find the location.

Property Key: _____ Township: _____ Section: _____

Well Driller's Name: _____ Lot Size: _____

The Applicant chooses to: (check one)
_____ Assume the responsibility of providing the necessary water analysis to the Kosciusko Co. Health Dept. within 45 days of well completion.
_____ Contact the Kosciusko Co. Health Dept. to schedule an initial free water test 30 days after well has been installed.

I hereby certify that the facilities at the above location will be installed in compliance with Kosciusko County Health Ordinance 08-09-02-001 and as outlined in the application. I further certify that to the best of my knowledge, all information contained in this application is correct and that I have read and understand Article VI, Section 1 which states: Any person who violates any provision of this Ordinance will be deemed to have committed an ordinance violation and upon conviction shall be fined not more than \$250.00 for the first violation and not more than \$500.00 for the second and each subsequent violation. Each day a violation continues after the expiration of the time set forth in any order issued under this ordinance for abating unsafe conditions and completing improvements as ordered by the Health Officer constitutes a separate violation. Any person violating any provision of this Ordinance will be liable to the County for any expense, including attorney fees, loss or damage suffered by the County due to that violation. Nothing in this Ordinance shall be deemed or construed to bar, abridge or limit in any way any existing legal or equitable remedies for the abatement of a private or public nuisance.

Signature of Applicant: _____ DATE: _____

- - - - - TO BE COMPLETED BY KOSCIUSKO COUNTY HEALTH DEPARTMENT - - - - -

| | |
|-----------------|--|
| <u>50</u> feet | Distance from well to agriculturally productive ground |
| <u>5</u> feet | Distance from well to nearest dwelling or other structure |
| <u>50</u> feet | Distance from well to nearest underground storage tanks for fuel or chemicals |
| <u>25</u> feet | Distance from well to nearest permanently fixed above-ground storage tanks for fuel or chemicals |
| <u>50</u> feet | Distance from well to nearest septic tank |
| <u>50</u> feet | Distance from well to nearest septic field |
| <u>200</u> feet | Distance from well to nearest earthen manure pit |
| <u>50</u> feet | Distance from well to nearest concrete manure pit |
| <u>600</u> feet | Distance from well to nearest sanitary landfill |
| <u>25</u> feet | Distance from well to nearest lake, pond, river, stream, or open public ditches |
| <u>5</u> feet | Distance from well to nearest property line |

Well casing must extend 12 inches minimum above grade and 24 inches above the regulatory flood plain elevation.
Minimum well depth _____

Additional Notes: _____

ABANDONED WELL(S) TO BE PROPERLY PLUGGED AND GROUTED AT TIME NEW WELL IS PLACED IN SERVICE
NOTE: A copy of the well log shall be provided to the Kosciusko County Health Department within 45 days from the date of well completion.

Site Inspector _____ Date _____
Final Inspector _____ Date _____

Water Quality Analysis:
Total Coliform Date of initial sample: _____
Result of initial sample: _____

Nitrate/Nitrogen Date of initial sample: _____
Result of initial sample: _____ Sample # _____

Well Construction Depth: _____ Diameter: _____ Plugged: _____
Well Driller: _____

Follow-up data (if needed): _____

Since many interrelating factors contribute to the failure of a water well system or sewage disposal system, acceptance does not imply approval and cannot be considered as a guarantee by the Health Department that successful operation is assured.

Permit fee \$10.00 Permit expires one year from date issued.
Copies: White/Health Dept. Yellow/Contractor Pink/Applicant