

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052
www.boonecounty.in.gov

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



BOONE COUNTY
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

APPLICATION FOR PRIVATE WATER WELL REPAIR Permit # _____

<u>Job Description</u> (√ one)	<u>Fees</u>
____ Repair to an existing well	pump \$30
____ Replacement of an existing well	well \$30
____ New Well (purposes other than new home)	well/pump \$60
____ Other (irrigation, pond, etc.)	

Property Owner's Name _____

Mailing Address _____

City/State/Zip _____ Phone _____

Property Location (If Different from above address)

Address/or Nearest Cross Roads _____

Subdivision _____ Lot # _____

Legal Description Please fill in the section number and **circle** the township, civil township and range:

Center Clinton Eagle Harrison Jackson Jefferson Marion Perry Sugar Creek Union Washington Worth

Section _____ Township 17N 18N 19N 20N Range 1W 2W 1E 2E

PARCEL # (Your Tax ID #) _____

*Can contact the Auditor's office to get the parcel # - 765-482-2940

Well Location — have the following required separation distances been met?

Septic System – greater than 50'? _____

Property Line – greater than 10'? _____

Building or overhang – greater than 5'? _____

Underground storage tanks –as far away as possible? _____

Will the old well be properly abandoned? _____

Well/Pump Installer _____ Phone _____

Email _____

ALL NEW AND REPAIRED WELLS MUST BE TESTED FOR THE PRESENCE OF E-COLI BACTERIA TO ASSURE THE WATER IS SUITABLE FOR HUMAN CONSUMPTION

I hereby certify that the above information is true to the best of my knowledge and that the above proposed water supply will meet the requirements of Ordinance #94-12 of the Boone County Health Department.

Signed _____

Date _____