

Elkhart County Health Department

4230 Elkhart Road | Goshen, IN 46526
574-971-4600 main line | 574-971-4599 fax
elkhartcountyhealth.org

**2018 LICENSED WATER WELL DRILLER/WATER WELL PUMP
INSTALLER REGISTRATION FORM**

Application Date: _____

Applicant Information			
Name:			
Address:		City:	State: Zip:
Phone #:	Cell #:	Email:	
State ID License #:			
Driller Only: <input type="checkbox"/>	Pump Installer Only: <input type="checkbox"/>	Both: <input type="checkbox"/>	

Company Information			
Name of Company:			
Address:	City:	State:	Zip:
Phone #:	Fax:	Email:	

Equipment Used	
Type:	Make:
Type:	Make:
Type:	Make:
Type:	Make:

FOR ECHD USE ONLY	
Issued By:	Date Recieved:
Registration Number:	Expiration Date :