

Elkhart County Health Department

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

Energov Permit #: _____
ECHD Well Permit #: _____

PRIVATE WATER WELL PERMIT APPLICATION

Well Information

Check One: New Well: <input type="checkbox"/>			Septic Permit #: _____			Replacement Well : <input type="checkbox"/>					
Check One: Potable: <input type="checkbox"/>			Non-potable: <input type="checkbox"/>			Abandonment only: <input type="checkbox"/>					
If non-potable well (check one): Monitoring: <input type="checkbox"/>			Number of Bore Holes: _____			Irrigation: <input type="checkbox"/>					
Other: <input type="checkbox"/>			Specify: _____								
Proposed Well Diameter (check one): 2": <input type="checkbox"/> 4": <input type="checkbox"/> 8": <input type="checkbox"/> 12": <input type="checkbox"/> Other: <input type="checkbox"/>						Specify: _____			Estimated Well Depth:		
Existing Well will be Abandoned (check one): Yes: <input type="checkbox"/>			No (Waiver Required): <input type="checkbox"/>			No existing well: <input type="checkbox"/>					
Variance Number (if applicable): _____											
Driller/Drilling Company:				Phone #:		Email:					
DNR Licence Number:				ECHD Registration #:							

Site Information

Street Address:				City:		Zip:	
Township:		Subdivision:		Lot #:		Parcel ID:	
Directions:							
Is this an area of suspected or known contamination? Yes: <input type="checkbox"/>				Specify: _____		No: <input type="checkbox"/>	

Site Owner Information

Name:							
Address:				City:		State:	Zip:
Phone #:		Fax:			Email:		

Applicant Information

Name:						Same as Owner? <input type="checkbox"/>	
Company Name:							
Address:				City:		State:	Zip:
Phone #:		Fax:			Email:		

Permit Notification to: Owner: Applicant: Driller:
Notification via: Phone: Fax: Mail: E-mail:

Certification

I hereby certify that I have the authority to and do hereby grant permission and consent for authorized representatives of the Health Department to enter upon the property listed above during normal business hours and without any other permission to perform all necessary and reasonable activities to ensure compliance with all applicable laws and rules pertaining to this permit.

I hereby certify that the information above is true to the best of my knowledge. I am aware that any misrepresentation, falsification, and/or changes in information without consulting the Health Department are grounds for denial or revocation of the permit and penalties as prescribed in Elkhart County Ordinance 2017-24.

This permit is not transferable or refundable once processing begins. Permit will expire 12 months after date of issuance.

Signature of Applicant: _____ Date: _____

Plan Reviews

Approved: _____

Date: _____

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Site Plan Requirements– Private Water Well Permit Application

The site plan must be drawn to scale (1': 20', 1": 30', 1": 40', 1": 50') and placed on scaled GIS photograph, or scaled septic plan. **Each site plan must accurately show and label the following:**

1. The structure to be served by the well and any other significant structures,
2. The location of the proposed water supply well,
3. The distance from the proposed well to the following:
 - a. the location of existing onsite buildings, driveways, parking areas and other improvements even if they will be removed;
 - b. the location of any proposed new buildings, driveways, parking areas and other improvements;
 - c. the location of utility and access easements;
 - d. the location of existing water wells;
 - e. the location of existing and proposed onsite sewage systems, including the locations of the septic tank or tanks, sewer line or lines, absorption trenches, subsurface drains and distribution boxes, Reserve septic area;
 - f. all onsite potential sources of groundwater contamination;
 - g. the boundaries of the site and the dimension of each boundary; and
 - h. If the applicant has a title search for the subject property, a copy of the title search must be submitted.
4. Indicate direction (north, south, east, west)

Submit the site plan along with a completed application and the permit fee to the Elkhart County Health Department. Our office accepts cash, credit card (MasterCard, Visa and Discover), cashier's check, money order, personal check or business check only. Our office hours for payment of permits are 8:00am to 5:00pm Monday, and 8:00 am to 4:00pm Tuesday through Friday.

Failure to obtain permit prior to construction of private water well will result in a late fee of three times the permit fee.