

**Elkhart County Health Department**

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

Energy 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.**