

Elkhart County Health Department

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

ABANDONED PRIVATE WATER WELL LOCATION RECORD

Well Location

ECHD Well Permit # (if applicable): _____

Property Owner's Name: _____

Street Address: _____

City: _____ State: IN Zip: _____

GPS Location: _____

Contractor Name: _____

Well Abandonment (Per 312 IAC 13-10 and County Ordinance 2017-24)

Material used to seal well: _____ Amount used: _____

Diameter of well: _____ inches

Well filled from: _____ feet below surface to _____ feet below surface

Casing cut at: _____ feet Length of drop pipe removed: _____

Concrete plug installed over borehole: Yes _____ No _____

This record shall be submitted to the Health Department within 30 days after the well has been abandoned.

I certify that the abandonment of this well has been performed in full compliance with all requirements of 312 IAC 13-10 and County Ordinance 2017-24.

Signature of licensed well driller

Date

PROVIDE A SKETCH SHOWING THE LOCATION OF THE ABANDONED WELL ON THE BACK OF THIS SHEET OR ON A SCALED GIS PHOTOGRAPH

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ECHD Permit # _____

Sketch showing the location of the abandoned well



Dimensions must be provided to accurately locate the abandoned well.
Provide measurements from permanent landmarks or property pins and GPS
coordinates.