



Elkhart County Health Department

- x The Well may be installed only after the Health Department issues the Private Water Well Permit. The Permit must be posted during installation of the Well in accordance to Section 6b.
- x After disinfection and thorough rinsing of the Well, the property owner must have the Well sampled and the results of the sampling must be submitted to ECHD within 10 days of the completion of the analysis (per Section 16f). The Health Department will contact the property owner if any specified water quality issues are indicated, as per Section 16d.
- x By making an application for a new private water well or for the abandonment of a private water well, an owner authorizes the Health Officer, at reasonable times, to enter upon the lot or parcel of land where the well will be installed or abandoned in order to perform activities required for the enforcement of this Ordinance. Whenever an onsite visit is made of a private water well construction, the findings shall be recorded on the report form approved by the Health Officer.
- x Fees: A non-refundable permit fee must be paid when the application is submitted. The Health Department accepts cash, P R Q H \ R U G H U V ~~Business checks, personal checks, or credit card.~~ Office hours for payment of permits are 8:00 am to 5:00 pm Monday, and 8:00 am to 4:00 pm Tuesday - Friday.

Residential (New & Replacement)	\$60
Non-Potable (Monitoring, Irrigation, etc)	\$60
Well Abandonment	\$0

**Failure to obtain permit before construction of well will result in a late fee of three times the permit fee. Permit will expire 12 months after date of issuance.**

# 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: _____	
Other: <input type="checkbox"/>		Specify: _____		Irrigation: <input type="checkbox"/>	
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"/>		No: <input type="checkbox"/>
			Specify: _____		

### 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.**

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## 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: ☐

Pump Installer Only: ☐

Both: ☐

### 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 :



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## Environmental Health Services

4230 Elkhart Road | Goshen, IN 46526  
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[elkhartcountyhealth.org](http://elkhartcountyhealth.org)

### WATER TESTING REQUIREMENTS FOR PRIVATE WATER WELLS

#### Background

In order to protect the health of Elkhart County residents, County Ordinance 2017-24 requires that the water quality be tested any time a new well is installed.

This testing is very important to the health of residents because the process of drilling a well frequently introduces harmful bacteria into a well. Also, there are areas within the county that have high levels of arsenic and nitrates which can be very hazardous to health.

The well drilling company must disinfect your private water well with chlorine or by another acceptable method after they finish drilling the well. If the disinfection does not kill the bacteria, the private water well will need to be disinfected again until a satisfactory sample is obtained.

#### Water Testing Requirements

The Health Officer shall grant final approval of a potable private water well only if the owner submits to the Health Officer a satisfactory report of an analysis. It shall be the responsibility of the property owner to provide for the collection and testing of all the water well samples. The owner of the private water well or the owner's designee may collect the sample or samples to be analyzed. The sample or samples shall be collected from a permanent fixture inside the building or dwelling or a sampling tap installed near the pressure tank, but only after it appears that all chlorine residual has dissipated from the water supply.

The water laboratory (or water laboratories) shall test for, and report on, the presence or absence of

1. total coliform bacteria,
2. E. coli,
3. nitrate concentrations measured as nitrogen,
4. arsenic, and
5. chlorine residual.

The Health Officer may order other tests deemed reasonable and necessary on a case by case basis to the extent that such test protect against a health risk or concern.

If the laboratory report or reports indicate the presence of:

1. chlorine, total coliform bacteria, or E. coli, at any level, or
2. a nitrate level of 10 milligrams per liter (parts per million (ppm)) or greater, or
3. an arsenic level of 10 micrograms per liter (parts per billion (ppb)) or greater,

the Health Officer shall not approve the use of the potable private water well until a satisfactory report or reports is obtained and submitted to the Health Officer.

All water analysis sample results shall be provided to the Health Officer within ten days of the completion of the analysis.

If there is a problem with your water quality, the Health Department will contact you to help you resolve the problem.

*Improving the Lives, Health and Environment of our Community*



**Public Health**  
Prevent. Promote. Protect.

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### 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

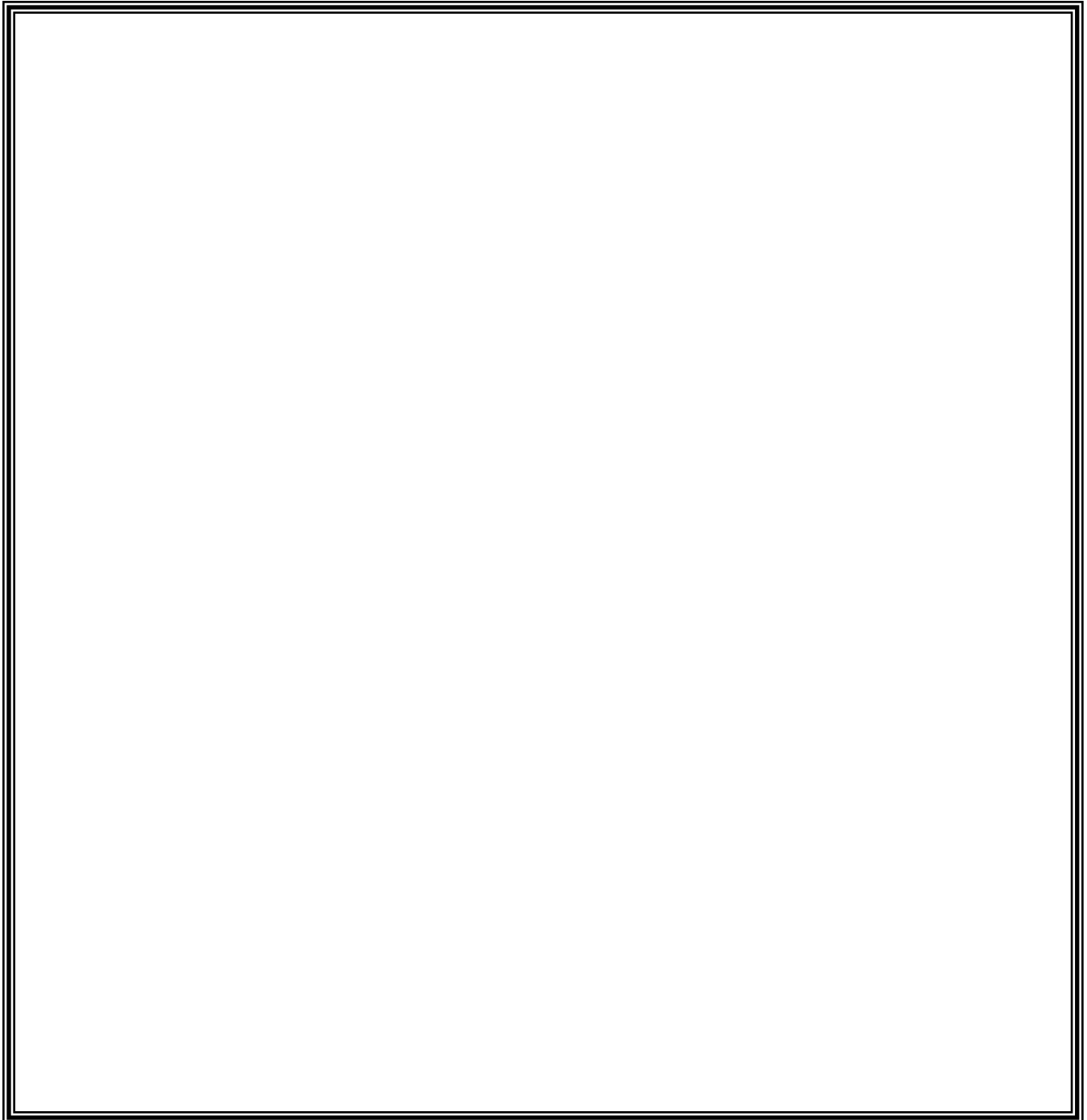
**PROVIDE A SKETCH SHOWING THE LOCATION OF THE ABANDONED WELL ON THE BACK  
OF THIS SHEET OR ON A SCALED GIS PHOTOGRAPH**

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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.