



PREVENT. PROMOTE. PROTECT.

Whitley County Health Department

220 West VanBuren Street, Ste. 106, Columbia City, IN 46725

Phone (260) 248-3121 – Fax (260) 248-3129 / whitleygov.com

WATER WELL PERMIT APPLICATION

Permit # _____ New Well _____ or Replacement _____

Name of Owner _____ Phone # _____

Address of Owner _____

Address and Location of Premises _____ City _____

Name Well Drilling firm & size of well _____

Location of Sanitary Sewer and/or Septic System (existing and abandoned) _____

Location of existing or abandoned water wells _____

I hereby certify that facilities at the above location will be installed in compliance with Indiana State Board of Health Bulletin PWS 2 and Whitley County Ordinance #2019-02 as outlined in this application. I further certify that to the best of my knowledge all information contained in this application is correct. [To be filled out at issuance of permit]

Signature _____ Date _____

50'/100' to septic system, 10'/20' to sanitary sewer, 25'/50' fuel storage
10' from all structures ____ 25' from all water sources ____ 5' from property lines

A permit inspection fee of \$20.00 Must be paid at the issuance of the permit. Checks or money orders must be made payable to the Whitley County Health Department.

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

Signature _____ Date _____

Office Use Only:

Parcel #: _____, Permit # for year: _____, Check #: _____, Receipt #: _____

Phone #: _____, Section: _____, Twp: _____, Range: _____