

HUNTINGTON COUNTY

DEPARTMENT OF HEALTH

1330 S. Jefferson St.
Huntington, IN 46750

Telephone (260) 358-4831
Fax (260) 358-4899

Well Location Permit Application

Application for: New construction [] Repair*/Replacement [] Other []

Applicant Information

Owner/Agent _____
Address _____
City/State/Zip _____

Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____

Installer Information

Owner/Agent _____
Address _____
City/State/Zip _____

Home phone: _____
Work phone: _____
Cell phone: _____

Property Description

Location: _____

Structure Description

Is the Property within or adjacent to an Agriculture District? Yes [] No []

Is the property served by an onsite sewage system _____ or sanitary sewer _____?

Any existing or abandoned water wells? Yes [] No []

A site plan showing proposed well location must be included with the application.

I, the undersigned, hereby certify that I have the authority to make the foregoing application. I further certify that the water well at the above location will be installed in compliance with the requirements of Huntington County Ordinance 2024-03 as outlined in this application.

Date: _____

Signed: _____
Owner/Agent

OFFICE USE ONLY – DO NOT FILL BELOW THIS LINE

This Permit is hereby approved and will expire one (1) year from date of issuance.

Permit Number: _____ Date Well Log Received: _____ Date Water Results Received _____

Date: _____

Signed: _____
Health Officer/Designee