MARSHALL COUNTY



Byron Holm, M.D., Health Officer Christine Stinson, Administrator

Receipt no. _____

Well Placement or Maintenance Application

NEW WELL (150.00) Repair/Replacement Well (100.00) FEES ARE DUE AT TIME OF APPLICATION SUBMITTAL Incomplete applications will NOT be processed

OWNER INFORMATION

510 W. Adams St. GL-30

Plymouth, IN 46565

Phone: 574-935-8565 www.co.marshall.in.us

Name:		
Address:	City:	State:Zip:
Phone:	Cell Number:	
Email:		
SITE INFORMATION:		
PARCEL ID:		
		Zip
SUBDIVISION:		
A DDI ICANT INFODMATI	ON.	
APPLICANT INFORMATION	<u>JIN:</u>	SAME AS OWNER:
Addross:	C;tx;;	SAME AS OWNER
	-	-
Phone:		
Email:		
WELL INFORMATION:		
Residential Public	:: Non-Residential/	Non-Public :(Specify Use:)
Proposed Well Diameter 2"	4"8"12"	Proposed Depth
Drilling Company		
(Must	be a Registered Driller with Ma	arshall County)
		e Well will be installed to meet or exceed the requirement of the adiana. I understand that it is my responsibility to inform the
		initial. I understand that it is my responsibility to inform the

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 Marshall County Ordinance No. 2017-12 Section 9.

This application is void after two years.

Signature of Applicant:_____ Date:_____