

510 W. Adams St. GL-30
Plymouth, IN 46565
Phone: 574-935-8565
www.co.marshall.in.us



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

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Number: _____
Email: _____

SITE INFORMATION:

PARCEL ID: _____
ADDRESS: _____ City: _____ Zip: _____
SUBDIVISION: _____

APPLICANT INFORMATION:

NAME: _____ SAME AS OWNER: ☐
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Number: _____
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 Marshall County)

I hereby certify that the information included in this application is correct and the Well will be installed to meet or exceed the requirement of the laws of the Indiana Department of Natural Resources and Marshall County, Indiana. I understand that it is my responsibility to inform the health department when the well has been installed and is ready for testing.
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.

Owner Signature: _____ Date: _____