

CLAY COUNTY HEALTH DEPT.
18 N WALNUT STREET
BRAZIL, IN 47834

Phone (812) 448-9021
Fax (812) 448-9018

Residential Water Well Permit Application

FEE: \$50.00 with Application
(Cash or Money Order)

Owner Information

Application Date: _____

Property Owner: _____

Current Mailing Address: _____
street city state zip

Phone: _____

Property Information

Property Address: _____
street city state zip

Directions to Property: _____

Township: _____ Section #: _____

Construction Specs

Building Use (check one): New: _____ Existing: _____

Water Well (check one): New: _____ Repair: _____

Well Type: _____ Casing Material: _____

Pump Location: _____ Tank Location: _____

Estimated Well Depth (Feet): _____ Diameter (Inches): _____

**Distance to Nearest Septic System and Absorption Field (Feet)? _____

I hereby agree to comply with Clay county Health department Water Well Regulations:
Ordinance # 2-1972

Property Owner: _____

Installer / Contractor (Business Name): _____

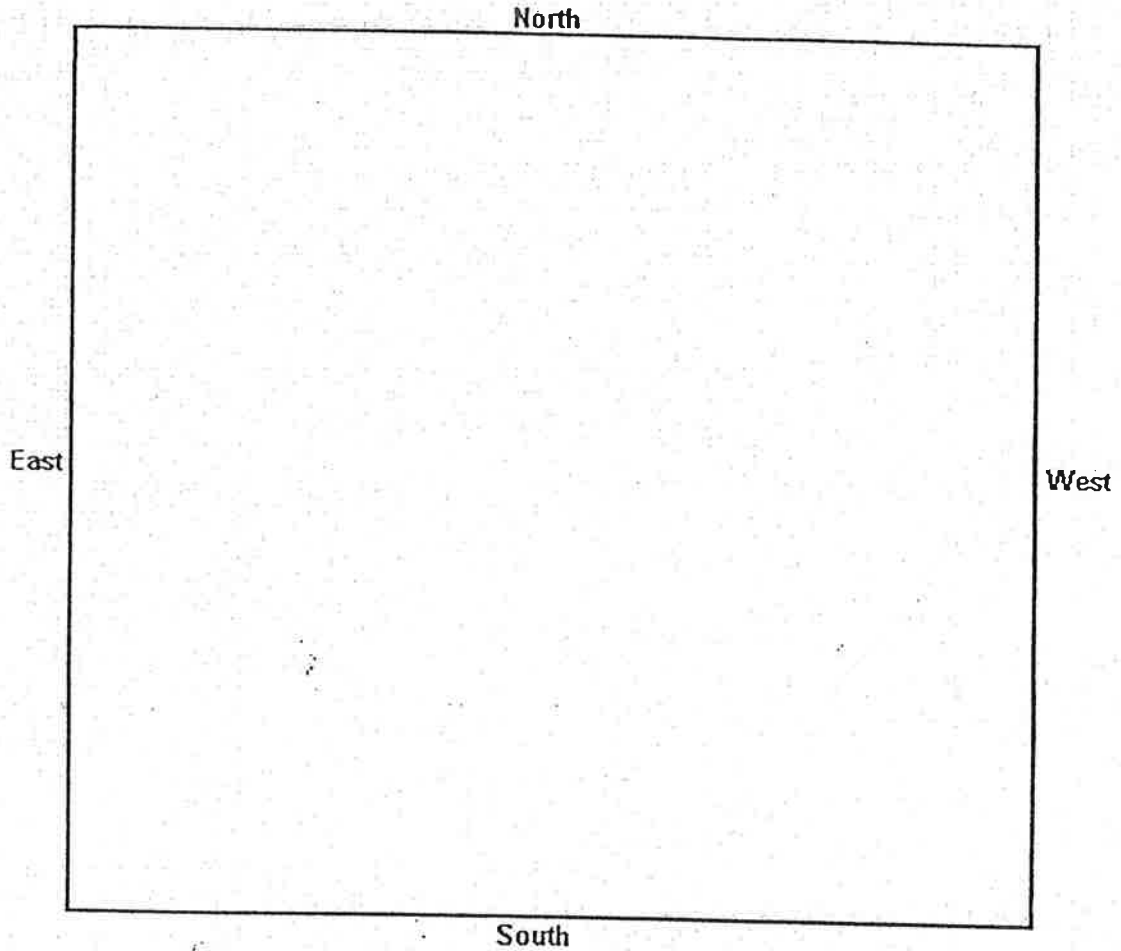
Installer / Contractor (Address): _____

Note: Site Plan must be sketched on the reverse side.

Proposed Site Plan Drawing

Instruction:

In the space below, please sketch a site plan indicating the property lines and dimensions, location of the home, buildings, septic system area and reserve area, water wells and municipal water lines, drives, streets, roads, lakes, streams and other pertinent landmarks.



Steps for Obtaining a Water Well Permit

- 1.) Complete the application and provide a site plan drawing.
- 2.) Submit application with \$50.00 permit fee to the Clay County Health Department.
- 3.) Installation Permit will be mailed to the Property Owner.
- 4.) Upon selection of a contractor / installer, the name must be provided to the Clay County Health Department.
- 5.) Upon completion of the water system, the Clay County Health Department must be notified. A water sample will be collected and analyzed for bacteriological quality. The sample results will be mailed to the property owner.