



# APPLICATION PUMPING EQUIPMENT FOR PRIVATE WATER SUPPLY MARION COUNTY, INDIANA

PERMIT AND PROPERTY INFORMATION		
Property Address:		
Owner Name:	Phone:	
Owner Address:		
Applicant Name:	DNR License #:	
Applicant Company:	Phone:	
Applicant Address:		
Permit Type: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Reuse <input type="checkbox"/> Pulled for Service		
Premises Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use		
Premises Detail: <input type="checkbox"/> Single Family <input type="checkbox"/> Double <input type="checkbox"/> Apartment <input type="checkbox"/> Manufacturing <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Service Station <input type="checkbox"/> Other:		
Intended Use of Water: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Heat Pump <input type="checkbox"/> Manufacturing Process <input type="checkbox"/> Pond Fill <input type="checkbox"/> Other		
PUMP, ADAPTER, AND EQUIPMENT		
Pitless Adapter Brand:	Model #	
Well Diameter:	Well Depth:	
Well Adapter Inches Above Grade:	Well Adapter Inches Above Floor Level:	
Pump Brand:	Pump Size:	Pump Capacity:
Pump Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet	Pump Location:	
Static Water Level:		
Is Check Valve Used? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Check Valve:	
Storage Tank Brand:	Storage Tank Size (Gallons):	
Storage Tank Location: <input type="checkbox"/> Basement <input type="checkbox"/> Basement Offset <input type="checkbox"/> Garage <input type="checkbox"/> Crawl Space <input type="checkbox"/> Other		
Is Sampling Fixture Accessible? : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offset Line Material: <input type="checkbox"/> Poly <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other		
Drop Pipe Material: <input type="checkbox"/> Poly <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other		
<p>I hereby certify that to the best of my knowledge the above information is correct, and that the above pumping equipment and/or well repair meets the requirements of Chapter 18 of The Code of Health and Hospital Corporation of Marion County, Indiana</p>		
Signature:		
Printed Name:	Date:	
<div style="display: flex; justify-content: space-between;"> <span>For Office Use Only</span> <span>Date Received:</span> </div>		

**APPLICATION INSTRUCTIONS**  
**PUMPING EQUIPMENT FOR PRIVATE WATER SUPPLY**  
**MARION COUNTY, INDIANA**

1. Please fill out the entire application completely and accurately. Incomplete applications will be returned and may result in a permit denial.
  - a. All owner contact information (name, mailing address, phone #)
  - b. Pump installer first name, last name, company name, and DNR license#.
  - c. Appropriate data fields are completed and accurate.
  - d. Application is signed and dated.
  - e. \$50 non-refundable application fee
2. Permit type
  - a. "New" is the installation of a new well pump in a new well.
  - b. "Repair" is work that requires uncovering the buried upper terminal of an existing well or breaking the sanitary seal on the well.
  - c. "Replacement" is the installation of a new well pump in an existing well.
  - d. "Reuse" is the installation of an existing pump in a new well.
  - e. "Pulled for service" is the removal and re-installation of an existing pump in an existing well.
3. An email notification from the applicant must be sent to [wellandpump@marionhealth.org](mailto:wellandpump@marionhealth.org) prior to commencement of the pump work or well repair and include the following information:
  - a. Property address
  - b. Applicant name, company, and phone number
  - c. Type of work (e.g. well, pump, or both)
  - d. Permit type (e.g. new, repair, replacement, reuse, or pulled for service)
  - e. Date of anticipated pump work
4. A pump permit application must be received by the Marion County Public Health Department within 5 business days from the beginning of the pump work.

Mail To:  
Marion County Public Health Department  
3901 Meadows Dr Indianapolis, IN 46205  
317-221-2147