



**APPLICATION
PRIVATE WATER SUPPLY WELL
MARION COUNTY, INDIANA**

PERMIT AND PROPERTY INFORMATION	
Property Address:	
Owner Name:	Phone:
Owner Address:	
Applicant Name:	DNR License #:
Applicant Company:	Phone:
Applicant Address:	
Emergencies must be called in to 317-435-0257 and approved prior to construction.	
Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Emergency:
Permit Type: <input type="checkbox"/> New <input type="checkbox"/> Replacement	
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:	
Sewage Disposal: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Other:	
Anticipated date of well construction:	
SEPARATION DISTANCES	
Septic Tank:	Absorption System:
Dry Well:	Sewer Lateral:
Public Sanitary Sewer:	Property Line:
Building Overhang:	Stream, Lake, or Ditch:
Other possible contaminants:	
**INCLUDE A SKETCH OR DIAGRAM OF PROPOSED WELL LOCATION **	
I hereby certify that to the best of my knowledge the above information is correct, and that the above well construction and equipment meets the requirements of Chapter 18 of The Code of Health and Hospital Corporation of Marion County, Indiana	
Signature:	
Printed Name:	Date:
<i>Within thirty (30) days after drilling a well, the well driller shall provide the Health Officer and the owner with a copy of the well record submitted to the Indiana Department of Natural Resources.</i>	
For Office Use Only	Date Received:

Mail To:
Marion County Public Health Department
3901 Meadows Dr Indianapolis, IN 46205

APPLICATION INSTRUCTIONS
PRIVATE WATER SUPPLY WELL
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. Well driller 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. A “new” well is a well drilled on a property not currently served by a private water supply well. **A new well cannot be an emergency.**
 - b. A “replacement” well is a well drilled on a property currently served by a private water supply well.
3. A well permit must be obtained prior to the commencement of construction unless the installation is an emergency. Emergency construction may begin prior to a permit issuance, but **MUST** be approved by the on-call environmental health specialist (EHS) prior to commencement of construction. To request emergency well construction approval the applicant must call the on-call EHS at 317-435-0257 AND send an email notification to wellandpump@marionhealth.org with the following information:
 - a. Reason for emergency
 - b. Property address
 - c. Homeowner name and phone number
 - d. Well driller name, company, and phone number
 - e. Permit type and premises type
 - f. Intended use of water
 - g. Type of sewage disposal system
4. Well construction must meet the following criteria to be considered an emergency:
 - a. Occupied residential property is without a potable water supply.
 - b. The emergency construction will be completed within 72 hours of notification.
5. The proposed well location for a non-emergency well construction must be flagged prior to applying for the well permit so that the Environmental Health Specialist may conduct a site survey to approve or disapprove the proposed location of the well construction.
6. Once a non-emergency well permit is issued, an email notification from the applicant must be sent to wellandpump@marionhealth.org prior to commencement of the well construction 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 or replacement)
 - e. Date of anticipated well construction
7. Within 30 days of the completion of well construction the well driller must submit to the Marion County Public Health Department a copy of the well log submitted to the Indiana Department of Natural Resources.

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