

FAYETTE COUNTY HEALTH DEPARTMENT

Well Installer Application Form

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Company Name _____
Address _____ Apartment/Unit # _____
City _____ State _____ ZIP _____
Phone () _____ Cell Phone () _____
fax () _____
E-mail Address _____

LICENSE INFORMATION

County License # _____
Issue Date _____ Expiration date _____

INSTALLER SIGNATURE

I certify that I am licensed as a domestic water well driller through the Indiana Department of Natural Resources and I will install wells in Fayette County to all state and county standards.

Upon issuance of a county license, I understand that false or misleading information is cause for revocation of said license.

The Fayette Co. Health Department does not guarantee trouble free operation of wells by issuance of a well permit or final inspection of the well installation.

Signature _____ Date _____