



**APPLICATION FOR AGRICULTURAL WELL SITE VISIT**

**2023 Fee: \$200.00- Non Refundable**

Address of Well \_\_\_\_\_

City, Zip \_\_\_\_\_

Township \_\_\_\_\_ Parcel ID (If no address) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please complete the following if different than above:

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are there other wells/cisterns on the property? \_\_\_\_\_

I/we, the undersigned, hereby agree to install, construct, develop or alter the agricultural water system named in this application in accordance with the Darke County Health Department water system rules, the attached site plan and all other applicable rules by the State of Ohio.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the agricultural system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with water system rules.

\_\_\_\_\_  
Homeowner or applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

\_\_\_\_\_  
Well Site Approved By

\_\_\_\_\_  
Date

Receipt # \_\_\_\_\_ Date Paid: \_\_\_\_\_ Driver's Lic#: \_\_\_\_\_