



APPLICATION FOR AGRICULTURAL WELL SITE VISIT

2020 Fee: \$179.00- 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#: _____



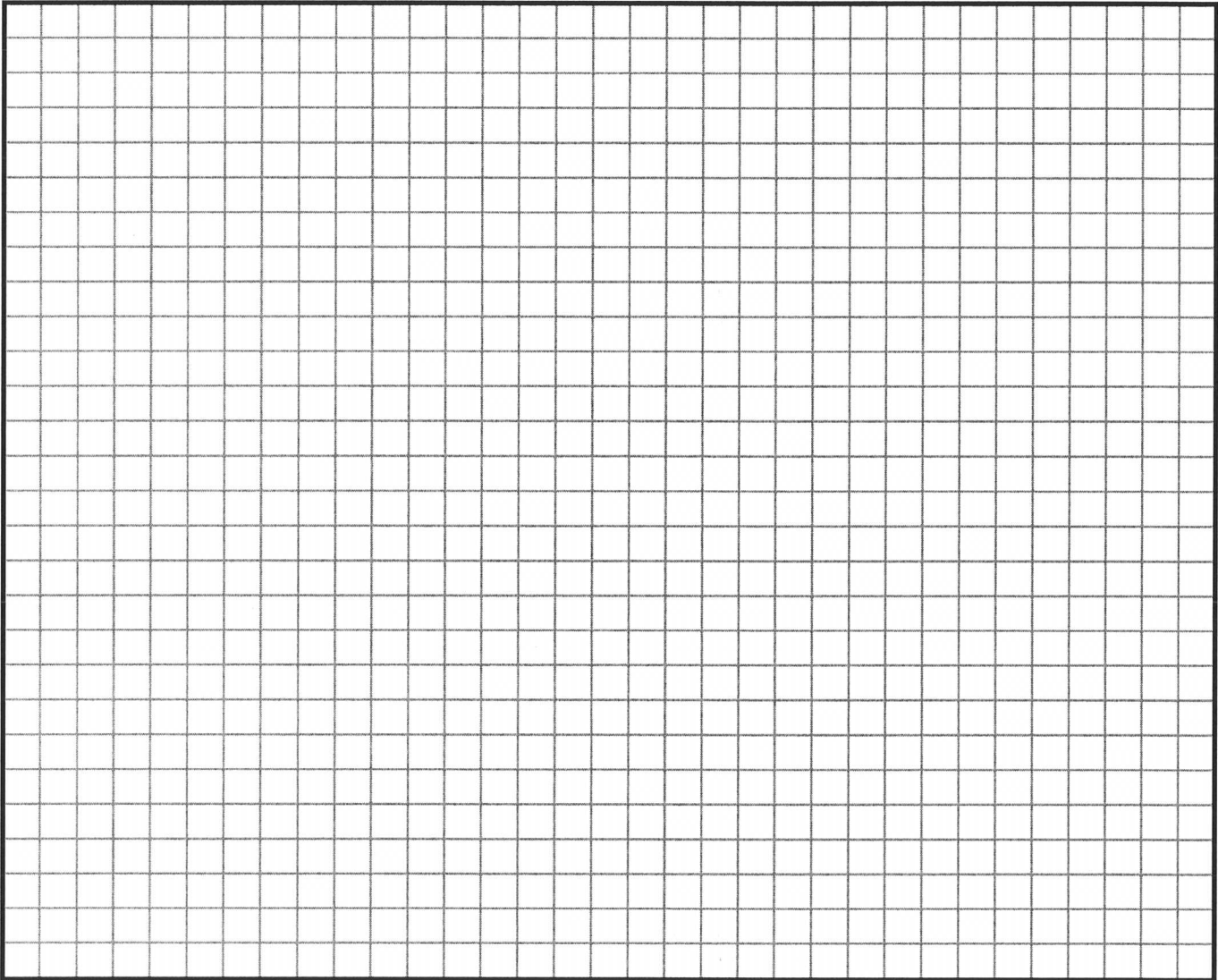
Site Plan for Agricultural Well

Address of Well: _____

City, Zip: _____

Parcel ID (if no address): _____

Homeowner/Applicant Signature: _____



Additional Comments: