

WATER WELL INFORMATION

Name: _____

Address: _____

Telephone: () _____

E-mail address _____

Please provide information about water well(s) on your property:

Tax Parcel Number: _____ County: _____

Well 1: Use: Drinking Water _____ Irrigation _____ Other (*describe*) _____

Well ID Number: _____

Well Driller (name): _____

Driller's Log Available: Yes _____ No _____

Total Depth: _____ Diameter: _____

Static Water Level: _____

Location: _____

Well 2: Use: Drinking Water _____ Irrigation _____ Other (*describe*) _____

Well ID Number: _____

Well Driller (name): _____

Driller's Log Available: Yes _____ No _____

Total Depth: _____ Diameter: _____

Static Water Level: _____

Location: _____

Please submit additional forms if you have more than 2 wells.

Please return this form to the following DHEC staff:

Mail: Ed Haigler, SCDHEC, BLWM/ DMSWM, 2600 Bull Street, Columbia, SC 29201

Email: *haiglewe@dhec.sc.gov*

Place
Stamp
Here

Mr. Ed Haigler
Bureau of Land and Waste Management
S.C. Department of Health & Environmental Control
2600 Bull Street
Columbia, SC 29201
