

WATER WELL INFORMATION

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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: Mason Brandes, SCDHEC, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201

Email: [brandemd@dhec.sc](mailto:brandemd@dhec.sc).