WATER WELL INFORMATION

Name:		
Address:		
Telephone: (<u>)</u>		
E-mail address		
Please provide info	ormation about water w	ell(s) on your property:
Tax Parcel Number:	County	/:
Well 1: Use: Drinking Water	Irrigation	Other (<i>describe</i>)
Well ID Number: Well Driller (name):		
Driller's Log Available: Yes		
Total Depth:		er:
Static Water Level:		
Location:		
Well 2: Use: Drinking Water	Irrigation	Other (describe)
Well ID Number:		
Well Driller (name):		
Driller's Log Available: Yes		
Total Donth:	Liomot	or:
Total Depth: Static Water Level:		er:

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

Please return this form to the following DHEC staff: Mail: Jeremy Eddy, SCDHEC, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201 Email: eddyje@dhec.sc.