

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: Will Meservy, SCDHEC, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201

Email: meservwn@dhec.sc.gov