WATER WELL INFORMATION

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Name:			
Address:			
·			
Telephone: ( <u>)</u>			
E-mail address			
Please provide info	rmation about water w	vell(s) on your property:	
Tax Parcel Number:	Count	y:	
Well 1: Use: Drinking Water	Irrigation	Other (describe)	
Well ID Number:			
Well Driller (name):			
Driller's Log Available: Yes			
Total Depth:	Depth: Diameter:		
Static Water Level:		-	
Location:			
Well 2. Hear Drinking Water	lunia ati a n	Other (december)	
Well 2: Use: Drinking Water			
Well ID Number:			
Well Driller (name):			
Driller's Log Available: Yes			
Total Depth:		ter:	
Static Water Level:			
Location:			

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

Please return this form to the following DHEC staff by <u>September 16, 2020:</u>
Mail: Haley Smarr, SCDHEC, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201

Email: smarrha@dhec.sc.gov

Haley Smarr Division of Mining & Solid Waste Management Bureau of Land and Waste Management S.C. Department of Health & Environmental Control 2600 Bull Street Columbia, SC 29201	Place Stamp Here

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