

WATER WELL INFORMATION

Name: _____

Address: _____

Telephone: () _____

E-mail address _____

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

**If you do not have information on your well, please complete address and parcel number. DHEC may have a well record on file.*

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 by November 5, 2021

Mail: Wendy Hamilton, SCDHEC, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201

Email: *hamiltws@dhec.sc.gov*