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 by September 16, 2020:

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