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:  Mason Brandes, SCDHEC, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201
Email:  brandemd@dhec.sc.