

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 DES staff by May 16, 2025:

Mail: Colby Myers, SCDES, BLWM/DMSWM, 2600 Bull Street, Columbia, SC 29201

Email: Colby.Myers@des.sc.gov

Place
Stamp
Here

Colby Myers
Division of Mining & Solid Waste Management
Bureau of Land and Waste Management
S.C. Department of Environmental Services
2600 Bull Street
Columbia, SC 29201
