

DW-22

WATER WELL VIOLATION REPORT

Date: _____ County: _____

Submitted by: _____ Phone: _____

Address: _____

Name of Driller or Drilling Company: _____

Address: _____

Phone: _____

Name of Property Owner: _____ Phone: _____

Address: _____

Location of Property Where Violation Occurred: _____

Nature of Violation: _____ Uncertified Driller _____ Well drilled without permit

_____ Well does not meet Design Standards or Regulations _____ Other (Specify section violated):

Date of Violation: _____

Is this a repeat violation: Yes _____ No _____
If yes, supporting documentation must be attached.

Has a permit been issues: Yes _____ No _____

I certify that the information above is true to the best of my knowledge.

Print Name: _____ Signature: _____

Instructions for Filing

Please print or type all information. Sign on the line indicated in the presence of Health Department personnel. Any available documentation of the violation being reported should be attached to the form.

If the violation is reported as a repeat violation, documentation of previous violations MUST be attached.