

510 W. Adams St. GL-30
Plymouth, IN 46565
Phone: 574-935-8565
www.co.marshall.in.us



Byron Holm, M.D., Health Officer
Christine Stinson, Administrator

WELL DRILLER REGISTRATION
FEE \$10.00

Name of Drilling Company: _____

Company Phone Number: _____

Company Email Address: _____

Name of Licensed Driller: _____

DNR License Number: _____ Expiration Date: _____

Address of Company: _____
Street City State Zip Code

Name of Bonding Company _____

Expiration Date of Current Bond with Marshall County for Well Drilling _____

I affirm that this application is true and I have a current DNR License in good standing.
I have read and am aware of Ordinance No. 2017-12 Regulation well placement, maintenance, and testing
in Marshall County, Indiana.

Signature of Licensed Well Driller: _____

Date _____