

Date: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_



## WELL PERMIT APPLICATION

### 1. Applicant Information:

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

### 2. Property Information:

- a) Type of well Work: New Well \_\_\_\_\_  
Non-residential (Ag) \_\_\_\_\_  
Well Repair \_\_\_\_\_
- b) If repair, what type? Liner \_\_\_\_\_ Abandonment \_\_\_\_\_ Well Heal Upgrade \_\_\_\_\_
- c) Any existing wells, springs, waterlines onsite? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*If yes, please explain \_\_\_\_\_
- d) Number of people using well \_\_\_\_\_
- e) Number of structures served by well \_\_\_\_\_
- f) Proposed Use of Well: Single Family Residential \_\_\_\_\_  
Multi-Family Residential \_\_\_\_\_  
Non-Residential \_\_\_\_\_
- g) Business Type: Retail \_\_\_\_\_ Church \_\_\_\_\_ Restaurant \_\_\_\_\_ Gas Station \_\_\_\_\_  
Mobile Home Park \_\_\_\_\_ Other \_\_\_\_\_ N/A \_\_\_\_\_
- h) Any known or potential sources of contamination: Yes \_\_\_\_\_ No \_\_\_\_\_
- i) Does site contain any existing wastewater systems? Yes \_\_\_\_\_ No \_\_\_\_\_
- j) Wastewater generated other than domestic sewage? Yes \_\_\_\_\_ No \_\_\_\_\_
- k) Site subject to approval by other public agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- l) Easements or Right-of-Ways on site? Yes \_\_\_\_\_ No \_\_\_\_\_

*I certify that the information provided above is complete and correct to the best of my knowledge. I also understand that if the information provided is inaccurate, the site is subsequently altered, or the intended use changes, all permits and approvals shall be subject to revocation. Submittal of this application grants right of entry to the Person County Environmental Health Department staff.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date