



**APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY, OR ABANDON A WATER WELL**

Property Owner: \_\_\_\_\_ Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address with Detailed Directions: \_\_\_\_\_

Facility served is: New  Existing  Residence  Other  \_\_\_\_\_

Deed Recorded in Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Tax Parcel ID #: \_\_\_\_\_

**Distance of Well from Sources of Contamination (in Feet):**

Streams, Rivers & Impoundments: \_\_\_\_\_ Sewers & Drains (Non Water Tight): \_\_\_\_\_ Privies (Vault): \_\_\_\_\_

Sewage Absorption Fields: \_\_\_\_\_ Sewers & Drains (Hydrostat. Tested): \_\_\_\_\_ Sewage Holding Tanks: \_\_\_\_\_

Septic Tank: \_\_\_\_\_ Barnyard/Feeding/Watering Area: \_\_\_\_\_ Cemetery: \_\_\_\_\_ Underground Storage Tank: \_\_\_\_\_

Other: \_\_\_\_\_

Distance to Property Line: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**By signing this application, I, the property owner, acknowledge that the information provided herein is true; that I am responsible for informing the well driller of the location of any existing or proposed onsite sewage systems; and that all sewage generated onsite must be disposed of in accordance with Department of Health and Human Resources Legislative Rules 64CSR9 and 64CSR47. I further understand that it is my responsibility to consult with the local health department sanitarian for assistance in determining location of and receiving approval for any proposed sewage system. Failure to do so may result in my inability to obtain a permit to install an onsite waste water disposal system. I further understand that if I install the pump system, I must take an exam before installation and submit a completion report after installation.**

Signature of Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

Water Well Will Be: Constructed  Modified  Abandoned , and Will Be Used For: Potable Water  Exploration

Geothermal  Number of Wells: \_\_\_\_\_ Other  \_\_\_\_\_

Well Driller Will Install Pump System: Yes  No  If No, Who Will Install: \_\_\_\_\_

Business Name, Owner or Authorized Officer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Franchise Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Driller Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Liability Insurance Exp. Date: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issued To: \_\_\_\_\_

Contractor's Bond or Letter of Credit Exp. Date: \_\_\_\_\_

**I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit, current liability insurance coverage, and current business franchise number.**

Signature of Certified Master Well Driller who visited site: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Reverse of form must be completed**

**SW-256**

Rev. 3/08

Side B

Please draw a sketch of the property showing existing or proposed well locations, and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> House/Facility | <input type="checkbox"/> W Existing Water Supply             | <input type="checkbox"/> P Proposed Water Supply         | <input type="checkbox"/> ST Septic Tank |
| - - - Soil Absorption Line                         | → Dir. of Ground Slope                                       | _____ Property line                                      | Trees                                   |
| ...---... Stream, Rivers and Impoundments          | <input type="checkbox"/> MH Mobile Home                      | <input type="checkbox"/> UST Under Ground Storage Tank   | <input type="checkbox"/> Cemetery       |
| <input type="checkbox"/> B Barn / Barnyard         | <input type="checkbox"/> FP Fertilizer and Pesticide Storage | <input type="checkbox"/> STF Sewage Treatment Facilities |   |



North

**FOR HEALTH DEPARTMENT USE ONLY**

County: \_\_\_\_\_ Coordinates: Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Date Site Evaluation: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Received From: \_\_\_\_\_  
Contractor's Bond/Letter of Credit Exp. Date Verified By: \_\_\_\_\_ Liability Insurance Exp. Date Verified By: \_\_\_\_\_  
Water Well Permit  Issued  Denied Permit No.: \_\_\_\_\_ Comments: \_\_\_\_\_