

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

PLEASE PRINT:

Property Owner: \_\_\_\_\_ Certified Driller: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (business) \_\_\_\_\_ Driller Certification No.: \_\_\_\_\_ WV Contractor's No.: \_\_\_\_\_  
Directions to property: \_\_\_\_\_

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

Residence, No. of bedrooms: \_\_\_\_\_ No. of individuals served: \_\_\_\_\_

New

Other \_\_\_\_\_

Existing

Property deed recorded in Book No.: \_\_\_\_\_ Page(s): \_\_\_\_\_ Date the property deed was recorded: \_\_\_\_\_

Subdivision name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Section #: \_\_\_\_\_

County tax map: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Size of Lot: \_\_\_\_\_ Square feet/acres

*To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.*

\_\_\_\_\_  
(Signature of the owner or authorized agent)

Water well will be  constructed  modified and will be used for  potable water  water exploration  abandoned or other purposes: \_\_\_\_\_

Type of Casing: \_\_\_\_\_

Type and Method of Grouting: \_\_\_\_\_

If abandoning well, Abandonment Method: \_\_\_\_\_

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments \_\_\_\_\_ Sewers & Drains (non-watertight) \_\_\_\_\_ Privies (vault) \_\_\_\_\_  
Sewage Absorption Fields \_\_\_\_\_ Sewers & Drains (hydrostat. tested) \_\_\_\_\_ Sewage Holding Tank \_\_\_\_\_  
Septic Tank \_\_\_\_\_ Barnyard/Feeding/Watering Area \_\_\_\_\_  
Other: \_\_\_\_\_

Distance to Property Line: \_\_\_\_\_

*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 Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.*

Signature of Driller \_\_\_\_\_ Date \_\_\_\_\_

