



TRANSYLVANIA PUBLIC HEALTH
WELL INSTALLATION OR WELL REPAIR PERMIT APPLICATION

Receipt No.: _____

Intended Use: Single Family Well [] Shared Well [] Other Well _____

APPLICANT INFORMATION

Owner/Agent Address
Phone Contact Person/Phone (if applicable)
E-mail Address

PROPERTY INFORMATION

Parcel I.D. Street Address (if different from above)
Subdivision: Section: Lot No.:

Directions to property:

Does your property contain or is it located near any of the following: (check all that apply)

- Petroleum Storage Tank(s) [] Animal Barn(s) [] Easement(s) []
Chemical Storage Area(s) [] Animal Feedlot(s) [] Right(s) of Way []
Landfill(s) [] Grave Site(s) [] Designated Wetland(s) []

Any Known Ground or Groundwater Contamination (list) _____

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site evaluation for location of a new well or repair of an existing well on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.
Owner/Agent Signature: Date: