

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
**APPLICATION FOR PERMIT TO CONSTRUCT A WATER SUPPLY WELL
WITH DAILY USE MORE THAN 10,000 GALLONS**

*** If you do not know, please indicate by U/K.**

1. Applicant: _____ Contact Person: _____ Date: _____

Mailing Address: _____ Phone #: _____

2. Owner of Proposed Well: _____ Contact Person: _____ Phone #: _____

Mailing Address: _____

3. Property Address of Well(s): _____

Parcel Number: _____

Well Site	Comment	Latitude (decimal)	Longitude (decimal)	Approved by State	
#1:	_____	_____	_____	<u>yes</u>	<u>no</u>
#2:	_____	_____	_____	<u>yes</u>	<u>no</u>
#3:	_____	_____	_____	<u>yes</u>	<u>no</u>
#4:	_____	_____	_____	<u>yes</u>	<u>no</u>
#5:	_____	_____	_____	<u>yes</u>	<u>no</u>

4. Land Surface (i.e., pavement, gravel, or grass) and other recharge conditions of the property. **A scale site plan map showing location of the proposed well and all property boundaries is required:**

5. Land use (industrial, commercial, residential, or other) in the area. Attach a map showing the land use of all properties within 1,000-foot radius: _____

6. Are there any surface water bodies (stream, creek, lake or pond) within 1,000-foot radius? yes no
If yes, give name(s) if you know: _____

7. Proposed use of water (industrial/commercial processing, irrigation, domestic, or other):

8. Waste Disposal (on-site or city sewer) (if on-site, the on-site system must be shown on the site plan map):

9. Number of employees or number of connections: _____

10. Gallons/day requested: _____

11. Diameter of proposed well: 6" or 8"

12. Proposed depth: _____ ft.

13. Are there water supply wells within 1,000-foot radius of the proposed well? yes no
If yes, how many? _____. If you have information about the depth, casing depth, and yield of wells within 500-foot radius of the well site, please provide it.

14. Are there any soil or groundwater contamination sites within 1,500-foot radius? yes no
If yes, give the site address: _____

15. Pump Information: Size: ___ hp Pumping depth: ___ ft Pipe diameter: ___ in

16. Well Driller: _____

Address: _____

City: _____ State: _____ Zip _____

Contact: _____ Phone #: _____

Fee: \$ _____	Date: _____
Received By: _____	
Receipt #: _____	

Applicant or Agent: _____ Signature: _____ Date: _____