

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: \_\_\_\_\_