

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
APPLICATION FOR INSTALLATION OF GROUNDWATER MONITORING WELL,
AIR INJECTION WELL, AIR SPARGING WELL, OR RECOVERY WELL

Date: _____

New:

Amendment: Existing Permit Number: _____

In accordance with the provision of the Guilford County Well Rules, application is hereby made for a well installation permit.

1. Site Name: _____ Incident #: _____

2. Address of Well(s): _____

3. Type and Number of wells to be constructed: Monitoring __ Air Injection __ Air Sparging __ Recovery __

4. Name of Well Owner: _____

5. Name of Contact Person: _____ Telephone: _____

6. Mailing Address of Well Owner: _____

City: _____ State: _____ Zip: _____

7. Property Owner (if different from well owner): _____

8. Property Owner's Mailing Address: _____

9. Reason for Well Installation: _____
(e.g. non-discharge permit, suspected contamination, environmental assessment, etc.)

10. Type of Facility for which the well is needed: _____
(e.g. non-discharge facility, waste disposal site, landfill, underground storage tank, etc.)

11. Contaminant Type (if known): _____
(e.g. nutrient, organics, petroleum, heavy metals, etc.)

12. Are there any existing recovery wells? _____
If yes, how many? _____ Permit Number: _____

13. Distance to a known waste or pollution source: _____ feet

14. Are there any wells located less than 500 feet from the proposed well? _____
If yes, give the distance: _____ feet

15. Well Driller: _____

Fee: \$ _____

16. Registration Number: _____

Date: _____

17. Well Driller Address: _____

Receipt #: _____

Telephone: _____

Received by: _____

Additional Information

1. Attach a map showing the location of the following:

- (a) Proposed well(s)
- (b) All existing wells and test boring within the property boundary
- (c) All water supply wells (if any) within 500 feet of the well
- (d) At least two reference points (e.g. numbered roads, intersections, streams, etc.)

2. Provide a well construction information and diagram for each well (separate pages).

The Well Owner hereby agrees that the proposed well(s) will be constructed in accordance with specifications and conditions set forth in Guilford County Well Rules and accepts full responsibility for compliance with these rules.

Signature of Well Owner

Title

Address: _____

Telephone: _____

If the property is owned by someone other than the well owner, the property owner hereby consents to allow the well owner to construct wells as outlined in this application and that it shall be the responsibility of the well owner to ensure that these wells conform to the Guilford County Well Rules.

Signature of Property Owner (if different the well owner)

(Attach agreements)

WELL CONSTRUCTION RECORD
Guilford County Division of Environmental Health

1. Site Name: _____ Well #: _____

2. Well Location: _____

3. GPS Location latitude (decimal degrees): _____

longitude (decimal degrees): _____

4. Type of Well: monitoring ___ air injection ___ air sparging ___ groundwater recovery ___ SVE ___

5. Depth of Well: _____ feet 6. Diameter of Well: _____ inches

7. Depth of Water Table below Top of Casing: _____ feet

8. Well Casing:	<u>Depth</u>	<u>Material</u>		<u>Depth</u>	<u>Drilling Log</u>
	from ___ to ___ ft	_____		From	To
					Formation Description
	from ___ to ___ ft	_____		_____	_____
				_____	_____
9. Screen Interval:	from ___ to ___ ft			_____	_____
10. Grout:	<u>depth</u>	<u>material</u>		_____	_____
	from ___ to ___ ft	_____		_____	_____
	from ___ to ___ ft	_____		_____	_____
				_____	_____
11. Gravel or sand pack interval:	from ___ to ___ ft			_____	_____

12. How is the well secured? _____

13. Well Construction Date: beginning: _____

completion: _____

14. Remarks: _____

I do hereby certify that this well was constructed in accordance with the Guilford County Well Rules and a copy of this record has been provided to the well owner.

Signature of Contractor or Agent

Date