

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 #: \_\_\_\_\_

Received by: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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.

**As the well owner, I will be responsible for the maintenance of well(s) installed at the site and the payment of annual fee until the wells are properly abandoned in accordance with specifications and conditions set forth in NCAC 15A 2C Construction Standards and Guilford County Well 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:            depth                      material

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