

FAYETTE COUNTY HEALTH DEPARTMENT

Well Application and Permit Form

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Address _____ Apartment /Unit # _____
City _____ State _____ ZIP _____
Phone () _____ Cell Phone () _____
E-mail Address _____
Use of Facility (dwelling or commercial) _____

INSTALLER INFORMATION

Name _____ Installer # _____
Company _____ Phone () _____
Address _____
City _____ State _____ ZIP _____

PROPOSED WELL INFORMATION

Address _____ Township _____
City _____ State _____ ZIP _____
Well Type (bored, drilled, driven, spring) _____

OWNER DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

After well installation, I agree to have the water tested, using a certified lab, for presence of bacteria.

Upon issuance of a permit, I understand that false or misleading information is cause for revocation of permit.

The Fayette Co. Health Department does not guarantee trouble free operation of the well by issuance of a well permit or final inspection of the well installation. The property owner assumes full liability for any nuisance or health hazard that may result from installation.

Signature _____ Date _____

Inspection Form (For Health Department use)

| SITE INSPECTION (PRE AND POST) | |
|--|-------------|
| Inspector | Date (pre) |
| | Date (post) |
| Latitude | Longitude |
| Site Map (please sketch proposed well location along with structures and property lines, etc.) | |

| PERMIT AND WATER SAMPLE INFORMATION | | |
|-------------------------------------|----------|--------|
| Name | Permit # | |
| Issue Date | | |
| Sample Date | Lab | Result |
| Additional | | |

| HEALTH DEPARTMENT FINAL APPROVAL | |
|--|------|
| I certify that this well was installed to standards set forth by the Fayette County Health Department. | |
| Signature | Date |