

# Henderson County Department of Public Health

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MPH DIRECTOR

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## WELL INSTALLATION OR REPAIR PERMIT

TO BE FILLED IN BY APPLICANT

PERMIT WI \_\_\_\_\_

Associated Permits \_\_\_\_\_

Owner \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_ Phone \_\_\_\_\_

Lot Size \_\_\_\_\_ Subdivision/Park \_\_\_\_\_ Lot# \_\_\_\_\_

Pin# \_\_\_\_\_ Oil Tank on Property?  Yes  No

Well will be used to serve what type of facility?

Individual (well serving one home)  Yes  No

Shared (well serving more than one home) How many? \_\_\_\_\_

Directions to Property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Permit valid for 5 years provided site conditions do not change.

Well location, installation, and protection must meet state and local regulations, and must be inspected and approved by a representative of the Henderson County Department of Public Health before any portion of the installation is put into use. The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site by the Health Department.

**WELL CANNOT BE LOCATED IN A RIGHT-OF-WAY.**

Date Issued \_\_\_\_\_ Environmental Health Specialist \_\_\_\_\_

Permit Received By \_\_\_\_\_