

SW-256
Rev 3/08
Side A

West Virginia Department of Health & Human Resources

HARRISON CLARKSBURG Department of Health

330 W MAIN ST, CLARKSBURG, WV 26301 PHONE# 304-623-9308 FAX# 304-623-9364
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY, OR ABANDON A WATER WELL



Property Owner: _____ Telephone: Day: _____ Evening: _____

Mailing Address: _____

Property Address with Detailed Directions: _____

Facility served is: New Existing Residence Other _____

Deed Recorded in Deed Book: _____ Page: _____ Date Recorded: _____ Tax Parcel ID #: _____

Distance of Well from Sources of Contamination (in Feet):

Streams, Rivers & Impoundments: _____ Sewers & Drains (Non Water Tight): _____ Privies (Vault): _____

Sewage Absorption Fields: _____ Sewers & Drains (Hydrostat Tested): _____ Sewage Holding Tanks: _____

Septic Tank: _____ Barnyard/Feeding/Watering Area: _____ Cemetery: _____ Underground Storage Tank: _____

Other: _____

Distance to Property Line: _____ Lot Size: _____

By signing this application, I, the property owner, acknowledge that the information provided herein is true; that I am responsible for informing the well driller of the location of any existing or proposed onsite sewage systems; and that all sewage generated onsite must be disposed of in accordance with Department of Health and Human Resources Legislative Rules 64CSR9 and 64CSR47. I further understand that it is my responsibility to consult with the local health department sanitarian for assistance in determining location of and receiving approval for any proposed sewage system. Failure to do so may result in my inability to obtain a permit to install an onsite waste water disposal system. I further understand that if I install the pump system, I must take an exam before installation and submit a completion report after installation.

Signature of Property Owner _____ Date _____

Water Well Will Be: Constructed Modified Abandoned , and Will Be Used For: Potable Water Exploration

Geothermal Number of Wells: _____ Other _____

Well Driller Will Install Pump System: Yes No If No, Who Will Install: _____

Business Name, Owner or Authorized Officer: _____

Business Address: _____

Business Franchise Number: _____ Expiration Date: _____ Telephone: _____

Driller Certification Number: _____ Exp Date: _____ Liability Insurance Exp. Date: _____

Contractor's License Number: _____ Exp. Date: _____ Issued To: _____

Contractor's Bond or Letter of Credit Exp Date: _____

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit, current liability insurance coverage, and current business franchise number.

Signature of Certified Master Well Driller who visited site: _____ Date: _____

Signature of Business Owner: _____ Date: _____

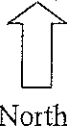
Reverse of form must be completed

MAKE CHECKS PAYABLE TO: HARRISON CLARKSBURG HEALTH DEPARTMENT

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 Side B

Please draw a sketch of the property showing existing or proposed well locations and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

- House/Facility
- Soil Absorption Line
- Stream, Rivers and Impoundments
- B Barn / Barnyard
- W Existing Water Supply
- Dir. of Ground Slope
- MH Mobile Home
- FP Fertilizer and Pesticide Storage
- P Proposed Water Supply
- _____ Property line
- UST Under Ground Storage Tank
- STF Sewage Treatment Facilities
- SI Septic Tank
- ||| Trees
- ||| Cemetery



| <u>FOR HEALTH DEPARTMENT USE ONLY</u> | | | |
|---|-------------------------|--|----------------------|
| County: _____ | Coordinates: Lat: _____ | Long: _____ | Date Received: _____ |
| Date Site Evaluation: _____ | Reviewed by: _____ | Date Fee Paid: _____ | Received From: _____ |
| Contractor's Bond/Letter of Credit Exp. Date Verified By: _____ | | Liability Insurance Exp. Date Verified By: _____ | |
| Water Well Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied | | Permit No: _____ | Comments: _____ |
| | | | |