



COUNTY OF RANDOLPH
Health Department
204 E Academy St - Asheboro NC 27203

APPLICATION FOR WELL PERMIT

If the information in the application for a Well Permit is falsified, changed or the site is altered, then the Well Permit shall become INVALID. The permit is valid for 60 months from date of issuance.

Applicant: _____
Address: _____
City, ST ZIP _____

Date: _____
Application #: _____
Parcel number: _____

Owner: _____
Address: _____
City, ST ZIP _____

Contact name: _____
Contact phone: _____
Contact e-mail: _____

LOCATION INFORMATION:

Location: _____
Subdivision: _____ Lot number: _____

FACILITY INFORMATION:

Well Proposed Use: _____
Number of Connections: _____
Number of People Served: _____
Number of Existing Wells: _____
Existing Well Type: _____
Number of Existing Septic Systems: _____
Surface Water Body on Site: _____

Filled Areas on Site: _____
Easements on Property: _____
Any Underground Tanks: _____
Any Land Applied Waste: _____
If Yes, Where: _____
Restrictions on Groundwater: _____
Variances Pending: _____

TOTAL APPLICATION FEE: _____

COMMENTS: _____

AUTHORIZATION TO PROCEED:

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature of property owner/legal representative*

Date

****You must provide documentation to support claim as owner's legal representative.***

LOCAL TELEPHONE NUMBERS
Asheboro: (336) 318-6262 • Archdale/Trinity: (336) 819-3262
<http://www.randolphcountync.gov>