



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

**APPLICATION FOR WELL REPAIR PERMIT**

***If the information in the application for a Well Repair Permit is falsified, changed or the site is altered, then the Well Repair 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:**

Existing Well Use: \_\_\_\_\_  
Type of Existing Well: \_\_\_\_\_  
Problem with Well: \_\_\_\_\_  
Number of Connections: \_\_\_\_\_

Number of People Served: \_\_\_\_\_  
Number of Existing Wells: \_\_\_\_\_  
Number of Existing Septic Systems: \_\_\_\_\_  
Surface Water on Site: \_\_\_\_\_

**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>