

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
**APPLICATION FOR PERMIT TO CONSTRUCT A WATER SUPPLY WELL  
WITH DAILY USE MORE THAN 10,000 GALLONS**

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1. Well Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. Address of Well: \_\_\_\_\_

4. Land Surface (i.e., pavement, gravel, or grass) and other recharge conditions of the property. **A site plan map showing location of the proposed well and all property boundaries is required:**

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5. Land use (industrial, commercial, residential, or other) in the area. **Attach a map showing the land use of all properties within 1,000 foot radius:** \_\_\_\_\_

6. Are there surface water bodies (stream, creek, lake or pond) within 1,000 foot radius? \_\_\_\_\_  
If yes, give name(s): \_\_\_\_\_

7. Proposed use of water (industrial/commercial processing, irrigation, domestic, or other):  
\_\_\_\_\_

8. Waste Disposal (on-site or city sewer) (if on-site, the on-site system must be shown on the site plan map):  
\_\_\_\_\_

9. Number of employees or number of connections: \_\_\_\_\_ 10. Gallons/day requested: \_\_\_\_\_

11. Diameter of proposed well: \_\_\_\_\_ in. 12. Depth range of proposed well: \_\_\_\_\_ ft.

13. Are there water supply wells within 1,000 foot radius of the proposed well? \_\_\_\_\_  
If yes, how many? \_\_\_\_\_. If you have information about the depth, casing depth, and yield of wells within 500 foot radius of the proposed well, please provide it.

14. Are there any soil or groundwater contamination sites within 1,500 foot radius? \_\_\_\_\_  
If yes, give the site name(s): \_\_\_\_\_

15. Pump Information: Size: \_\_\_\_\_ horse power(s) Pumping depth: \_\_\_\_\_ ft Pipe diameter: \_\_\_\_\_ in.

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16. Proposed Well Contractor:  
\_\_\_\_\_

17. Contractor's address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Fee:	\$ _____
Date Paid:	_____
Receipt:	_____
Received by:	_____

\_\_\_\_\_  
Applicant or Agent (print) Signature  
(Form WA12-99)