Montgomery County Health Department

Environmental Health Section 444 N. Main St. Troy, NC 27371 Phone #: (910)-572-8175 Fax #:(910)-576-0043

Well Permit Application

(Application fee: \$300.00)

***This application must be accompanied by a plat or site sketch showing compliance with all easements, laws and regulations, existing and proposed structures, existing or proposed wastewater systems, existing or proposed wells, existing surface waterbodies and designated wetlands, and any above or below ground storage tanks. The applicant is responsible for marking all property corners and lines and making the site accessible.

accessible.			
Parcel ID#:_			
raicei ID#	(available at Tax Office)		
Owner's Na	me:	_ _	
	dress:		
_	Zip:		
Elliali			
911 Address	s of Proposed Well:		
	<u> </u>		
Directions to	o Property (include Subdivision Name and Lota	# if applicable)***Be as specific as possible	
	DI 11 C.1 C	11	
D 1 33	Please answer all of the form	ollowing questions:	
Proposed Well Use:			
□ New Residence □ Replacement Well □ Well Abandonment (<i>No Fee</i>) □ Business		☐Shared Well ☐Other:	
	ervice connections on well Number of peo		
rumber of se	i vice connections on wen ivaliable of peo	pic served by wen	
Check Yes	or No for each of the following:		
\exists Yes \Box No Are there any storage tanks (above or underground) on this property?			
□Yes □No			
□Yes □No			
□Yes □No	Are there any surface waterbodies or designated wetlands within 100' of proposed well?		
□Yes □No	Are there any other known sources of contamination within 500' of the proposed well?		
For every y	res or unknown, please describe:		
ri idi			
		erein is true, complete, and correct to the best of my knowledge for or granted shall be void if any of the information is incorrec	
		form the necessary evaluations and inspection on the property.	
oi iaise. Feiilli	ssion is granted for ricalul Department reisonner to per	form the necessary evaluations and inspection on the property.	

Date

Owner/Legal Representative