



**TO BE COMPLETED BY DISTRICT**

District Permit No.:	Date Issued:	Driller's Log No.:	Well Registration No.:
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Well Owner:	Property Owner:	Name of Property at Well Site:
Well Owner's Mailing Address:	Property Owner's Mailing Address:	<b>Address of Well Site:</b>
City, State, Zip	City, State, Zip	City, State, Zip
Telephone No.:	Telephone No.:	Assessor's Parcel No. of <b>Well Site:</b> Book _____ Page _____ Parcel _____

Do other wells exist on the property?  Yes  No How many wells total currently exist? \_\_\_\_\_

Reasons for installing new well: \_\_\_\_\_

LIST ALL EXISTING WELLS AND THEIR STATUS, IF KNOWN				ENVIRONMENTAL HEALTH DEPT.
Well Registration No.:		Owner's Well No.:		<input type="checkbox"/> Well in Good Condition <input type="checkbox"/> Well in Use <input type="checkbox"/> Abandoned <input type="checkbox"/> Damaged <input type="checkbox"/> Well on Standby <input type="checkbox"/> Well Should Be Destroyed Comments:
Permit No.:	Purpose of Well:			
Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Depth:	Casing:		
Comments:				
Do you plan to use this well? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				
Well Registration No.:		Owner's Well No.:		<input type="checkbox"/> Well in Good Condition <input type="checkbox"/> Well in Use <input type="checkbox"/> Abandoned <input type="checkbox"/> Damaged <input type="checkbox"/> Well on Standby <input type="checkbox"/> Well Should Be Destroyed Comments:
Permit No.:	Purpose of Well:			
Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Depth:	Casing:		
Comments:				
Do you plan to use this well? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				
Well Registration No.:		Owner's Well No.:		<input type="checkbox"/> Well in Good Condition <input type="checkbox"/> Well in Use <input type="checkbox"/> Abandoned <input type="checkbox"/> Damaged <input type="checkbox"/> Well on Standby <input type="checkbox"/> Well Should Be Destroyed Comments:
Permit No.:	Purpose of Well:			
Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Depth:	Casing:		
Comments:				
Do you plan to use this well? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				
Well Registration No.:		Owner's Well No.:		<input type="checkbox"/> Well in Good Condition <input type="checkbox"/> Well in Use <input type="checkbox"/> Abandoned <input type="checkbox"/> Damaged <input type="checkbox"/> Well on Standby <input type="checkbox"/> Well Should Be Destroyed Comments:
Permit No.:	Purpose of Well:			
Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Depth:	Casing:		
Comments:				
Do you plan to use this well? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				

**\*This form must be completed and submitted with any Well Construction Application for a water supply well. Also attach a map showing all well locations with respect to property boundaries and structures.**