

Permit Number: _____

Davidson County Environmental Health Well Permit Application

IF THE INFORMATION IN THIS APPLICATION FOR A WELL PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WELL PERMIT SHALL BECOME INVALID. THE PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE. THIS APPLICATION IS VALID FOR 1 YEAR FROM THE DATE OF SUBMISSION.

APPLICANT/PROPERTY OWNER INFORMATION

Permit Requested By: _____	Property Owner: _____
Current Mailing Address: _____ _____	Current Mailing Address: _____ _____
Daytime Phone: _____	Daytime Phone: _____
e-mail address: _____	e-mail address: _____

Well Contractor Name: _____	Daytime Phone: _____
Address: _____	

SITE INFORMATION

Road: _____	Subdivision: _____
Site Address: _____	Tax ID: _____
Directions to Site: _____ _____	

DEVELOPMENT INFORMATION

Permit Type: New Well Well Repair Well Abandonment Other (specify) _____

Facility Type: Residential Food Service Church Commercial Other

Are There Any Septic Systems Currently On The Site? Yes No

Do You Intend To Install A New Septic System On This Site? Yes No

<p>I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.</p> <p>Property Owner/Legal Representative Signature: _____</p> <p style="text-align: center;">Date: _____</p>

Date Application Submitted: _____ Date Site Ready to Evaluate: _____

Initial Site Visit Date: _____ San ID _____ Permit Date _____ San ID _____