



Subsurface Investigation Application and Permit

Application Information

Well Owner Information

Name of Well Owner: _____

Well Owner's Telephone #: _____

Well Owners Mailing Address: _____

Agent Information (if different than Well Owner)

Name of Agent: _____

Agent Telephone #: _____

Agent Mailing Address: _____

Agent Fax #: _____

Location

Name of Site being Investigated: _____

Address of Site: _____

Parcel ID #: _____

Permit

General Conditions of This Permit:

- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.
- This permit is VALID for the site specified in the above application and must be on-site during the course of the investigation and made available to a Department representative upon request.
- A Certified Well Contractor that is currently registered with the Department must perform any well contractor activities associated with this permit.
- All wells shall be constructed to the standards of Chapter VI, Section V of the *Mecklenburg County Groundwater Well Rules*.
- All temporary wells must be abandoned to the standards of Chapter VI, Section VI of the *Mecklenburg County Groundwater Well Rules*.
- Registration information for all wells must be submitted to the Department within thirty (30) days of well completion.

Specific Conditions of This Permit:

• Date of Issuance: _____

• Permit Number: _____

Staff Use Only:

Valid Parcel ID #: Yes No

Valid Address: Yes No

Reviewer: _____