



Fee: _____

Date: _____

File #: _____

MECKLENBURG COUNTY Public Health Environmental Health Groundwater & Wastewater Services

Registration Form for Public Water Supply Wells

1. Well Type: Community Well Non-Transient Non-Community Well Transient Non-Community Well

2. Well Location Information:

Tax Parcel Id #: _____

Street Address: _____

City: _____

State: NC Zip Code: _____

3. Property Owner Information:

Property Owner Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

4. Property Use: (Check all that apply)

Home Business Church

Food Establishment

Other _____

Please Specify

5. Well(s) Supplying Water for: (Check all that apply)

Home Business Church

Food Establishment

Other _____

Please Specify

6. Well Information:

Number of connections: _____

Population served: _____

Number of wells on the property: _____

Number of wells currently in use: _____

7. Public Water Supply ID Number(s):

8. Contact Information:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Mobile Phone: _____

Additional Phone: _____

E-mail: _____

Owner's/Agent's Signature

Date