

PROPERTY OWNER WELL APPLICATION FOR POTABLE WATER SUPPLY

WICOMICO COUNTY HEALTH DEPARTMENT
108 EAST MAIN STREET, SALISBURY, MD 21801
ENVIRONMENTAL HEALTH 410-546-4446

WELL PERMIT FEE \$160.00
Water samples more than 5 \$10.00 each
CASH _____ CHECK _____
RECEIPT _____
DATE _____

PROPERTY ID _____

OWNERS NAME _____

MAILING ADDRESS _____

CITY _____ STATE: _____ ZIP: _____

PHONE # (H) _____ (W) _____ (C) _____

EXACT LOCATION OF PROPERTY _____

APPROPRIATION NEEDED IF COMMERCIAL USE. HOW MANY EMPLOYEES _____

SUBDIVISION _____ SEC _____ BLK _____ LOT _____

DRILLER _____

MAP _____ PARCEL _____

THIS WELL MUST BE LOCATED AT LEAST 100' FROM ANY POTENTIAL SOURCE OF POLLUTION INCLUDING SEPTIC SYSTEMS AND THE RESERVE SEWAGE AREA, AND BE AT LEAST 30' FROM ANY PERMANENT STRUCTURES, IF THIS IS NOT POSSIBLE DUE TO LOT SIZE AND/OR PHYSICAL BARRIERS, PLEASE CONTACT OR HAVE YOUR WELL DRILLER CONTACT THE HEALTH DEPARTMENT BEFORE THIS WELL IS INSTALLED. THE MINIMUM WELL DEPTH IS 70'.

ALL DOMESTIC AND COMMERCIAL WELLS MUST BE SAMPLED BY THIS DEPARTMENT. SATISFACTORY BACTERIOLOGICAL AND CHEMICAL RESULTS MUST BE OBTAINED BEFORE THE WELL CAN BE APPROVED AND PLACED IN FULL SERVICE. **IN ADDITION, THE CERTIFICATE OF POTABILITY WILL NOT BE ISSUED UNTIL ALL ADDITIONAL WATER SAMPLING FEES ARE PAID, IF APPLICABLE.**

CONTACT THIS DEPARTMENT AT 410-546-4446 BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM MONDAY THROUGH FRIDAY, TO MAKE ARRANGEMENTS TO HAVE THE WATER SAMPLED. BEFORE CALLING, OBTAIN THE WELL PERMIT NUMBER LOCATED ON THE METAL TAG ON THE WELL HEAD. **NOTE: THE WELL HEAD MUST BE LEFT AT LEAST 8" ABOVE GRADE.**

SITE PLAN: INCLUDE HOME, WELL, SEWAGE AREA, PROPOSED REPLACEMENT WELL SITE:

ANY WELL BEING REPLACED MUST BE ABANDONED AND SEALED AS PER REQUIREMENTS OF THE WATER WELL REGULATIONS AND AN ABANDONMENT REPORT SUBMITTED TO THIS DEPARTMENT. YOU ARE REQUIRED TO HAVE A MASTER WELL DRILLER PERFORM THIS FUNCTION.

I HAVE READ THE ABOVE INFORMATION AND AGREE THAT THIS WELL WILL BE PROPERLY SITED, SAMPLED AND APPROVED BEFORE BEING PLACED IN SERVICE AND FURTHER AGREE TO HAVE ANY EXISTING WELL (IF APPLICABLE) PROPERLY ABANDONED AND SEALED.

NO REFUNDS WILL BE GRANTED ONCE FIELD WORK HAS BEGUN OR AFTER 30 DAYS FROM APPLICATION DATE.

PROPERTY OWNER SIGNATURE

OLD WELL ABANDONED AND SEALED BY: _____

HEALTH DEPARTMENT APPROVAL: _____