

ENVIRONMENTAL HEALTH DIVISION **Application for Well Repair or Abandonment**

APPLICANT INFORMATIO			A 11		
Applicant Name					
City		_		(0)	
Applicant E-mail					
Owner Name					
City		_			
Owner E-mail		Ph	one (H)	(C)	
Property Location					
Parcel ID#	PIN #				
• Type of Repair:		_	Liner/packe	r Drill dee _l	•
• If abandonment, ty	pe of well:	Drilled	Bored/Hand	l Dug	
ENVIRONMENTAL HEA	LTH REQUIRE	MENTS FO	OR PERMIT:		
• SUBMIT A SITE I	DRAWING OF T	HE PROPE	ERTY NOTING V	VHERE THE WEL	L IS LOCATED AND
ANY EXISTING B					
				HEALTH FOR AN I	NSPECTION
APPOINTMENT A I have read this application a and state officials are granterules. I understand that I am making the site accessible so	and certify that the d right of entry to solely responsible	information conduct nec for the prop	n provided herein is essary inspections per identification an	s true, complete and c to determine compliand labeling of all prop	ance and applicable laws and
Signature				Date	
Rev. 07/2019					
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