



COUNTY OF RANDOLPH
 Health Department
 204 E Academy St - Asheboro NC 27203

APPLICATION FOR WELL REPAIR PERMIT

If the information in the application for a Well Repair Permit is falsified, changed or the site is altered, then the Well Repair Permit shall become INVALID. The permit is valid for 60 months from date of issuance.

Applicant: _____	Date: _____
Address: _____	Application #: _____
City, ST ZIP: _____	Parcel number: _____
Owner: _____	Contact: _____
Address: _____	Contact phone: _____
City, ST ZIP: _____	

LOCATION INFORMATION:

Address: _____
 Subdivision name: _____ Lot number: _____

FACILITY INFORMATION:

Existing well use: _____	
Problem with existing well: _____	
Type of existing well: _____	Number of connections: _____
Number of people served: _____	Number of existing wells: _____
Number of existing septic systems: _____	Surface water on site: _____

Comments: _____

AUTHORIZATION TO PROCEED:

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

 Signature of property owner/legal representative

 Date

- LOCAL TELEPHONE NUMBER -
 Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4262 - Archdale/Trinity: (336) 819-3262
<http://www.co.randolph.nc.us>