



**DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

Telephone Number 919-560-7800 Fax 919-560-7830

Application for Well Permit

Name _____ Phone Number _____

Mailing Address _____ Zip Code _____

Property Location _____

Tax Map Number _____ - _____ - _____

Lot Dimensions/Acreage _____

This application is for a _____ NEW WELL _____ REPLACEMENT WELL
_____ ADDITIONAL WELL

This application is for a _____ NEW HOME
_____ EXISTING HOME: Year Home Built _____ Original Owner _____
Type of Septic System _____

Is Municipal Sewer Line Available? _____

**SUBMIT A PLAT OF THE PROPERTY NOTING WHERE NEW WELL IS
DESIRED.**

**LOCATE THE EXISTING BUILDINGS, DRIVEWAY, OUT BUILDINGS, ETC.
ON THE PLAT.**

**ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED IN
THE FIELD PRIOR TO THE ENV. HEALTH SPECIALIST'S ARRIVAL.**

- Please note, all above items must be completed BEFORE your application may be processed.

Signature _____ Date _____