



Portsmouth Health Department
Environmental Health Services
1701 High Street, 4th Floor
Portsmouth, VA 23704
Phone: (757) 393-8585 ext. 8585
Fax: (757) 393-8027

Application for Express Geothermal/Heat Pump Well Permit

Property Owner Information

Name _____
Address _____ Portsmouth, VA _____
Home Phone # _____ Cell Phone # _____
Directions to Property _____
Proposed Use of Well(s) _____

Well Driller Information

Company Name _____
Address _____
Office Phone # _____ Fax # _____
Well Driller's Name _____
Cell Phone # _____
DPOR License # _____

Being the owner of the above referenced property, I grant the department access to the site for the purpose of inspecting the property and the well during and after the well installation until the well is approved by the department or any required corrections are made.

Owner's Signature _____ **Date** _____

I being a licensed well driller, agree to adhere to the *Commonwealth of Virginia State Board of Health Private Well Regulations* and have included a site plan showing the proposed well site(s), property boundaries, recorded easements, and accurate locations of actual or proposed sources of contamination.

Well Driller's Signature _____ **Date** _____

Office Use Only:

Issue Date: _____ Issued by: _____
HDID #: _____ Date Received: _____

**THIS PERMIT IS
VALID 30 DAYS FROM
THE DATE ISSUED**