

Application For A Private Well Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number _____

Portsmouth Health Department

Date Received _____

To Be Completed By The Applicant

Type of Class IV Well: _____ New _____ Replacement _____ Emergency

Owner: _____ Address: _____ Phone: _____

Agent: _____ Address: _____ Phone: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Directions to Property: _____

Other Application Information

Residential Use Yes No
Termite Treatment Yes No
 Single Family Multifamily
_____ No. Of Bedrooms _____ No. Of Units

Basement Yes No
Fixtures In Basement Yes No

Water Supply: Public New Existing
 Private New Existing

Proposed Installation: Septic tank and drainfield Other

If other, describe _____

SITE *Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures
PLAN and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage
ways, and wells and springs within 200 feet radius of the center of the proposed building or
drainfield. Distances may be paced or estimated.*

I give permission to the Health Department to enter onto the property described for the purpose of processing this application.

Signature of owner/agent

Date