

**COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH
APPLICATION FOR EXPRESS CLASS IV WELL CONSTRUCTION PERMIT**

Type of Class IV Well New Replacement Emergency

Proposed Use: _____

Do the adjacent properties have an agricultural operation? Yes No

Address Location of Well: _____, Portsmouth, VA Zip: _____

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

Directions to Property: _____

Owner (Print): _____ Mailing Address: _____

Phone: _____ City: _____ Zip: _____

I acknowledge that this permit to construct a Class IV well will be issued without the benefit of a site visit by the Department of Health prior to the issuance of the construction permit; that the permit is being issued based upon the information provided on the accompanying submitted site plan, and the proposed well is in accordance with the *Commonwealth of Virginia Private Well Regulations*. If the well is found not to comply with the minimum separation distances or any other provision of the regulations, the well must be abandoned and a variance will not be considered if the improper location of the well is a result of the failure by the owner, his agent or the well driller to provide complete or accurate information on the site plan submitted with the application or to install the well in accordance with the permit. I give permission to the Department of Health official to enter onto the property for the purpose of inspection the property and well during or after its installation until the well is approved by the Department or any abandonment of a well is completed. I also declare that the undersigned Well Driller will install the well. If you should choose to change the well driller, a new application and permit fee will be required and a new permit must be issued.

Signature of Owner (or Designee) *Date*

Well Driller: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Phone: _____

License#: _____

Well Driller's Signature *Date*

Office Use Only:

Date: _____ Issued by: _____

Page: ____ of ____

HDID #: _____

Date Received: _____

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