**Commonwealth of Virginia**

**VDH Use Only**

Health Department ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this an AOSE/PE application?

 Yes  No

**Well Application for:**

 **Residential Water Supply Agricultural Geothermal Abandonment**

Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions to Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subdivision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section \_\_\_\_\_\_\_\_\_\_\_\_ Block\_\_\_\_\_\_\_\_\_\_\_ Lot\_\_\_\_\_\_\_\_\_\_

Tax Map \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Property Identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dimension/Acreage of Property\_\_\_\_\_\_\_\_

Will this well be Residential? or Non-Residential?

Single-Family Dwelling (Total Number of Bedrooms \_\_\_\_)

Multifamily Dwelling (Total Number of bedrooms \_\_\_\_)

Is this a replacement well? Yes No Will the old well be abandoned? Yes No

Please describe the well to be abandoned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agricultural Well Use: Irrigation Livestock Water Both? (circle one)

Will any buildings within 50’ of the proposed well be (or have been) termite treated? Yes No

If geothermal, please describe the proposed construction method: \_\_\_\_\_\_\_ depth of casing \_\_\_\_\_\_\_ depth of grout

In order for VDH to process your application you must attach a site sketch and plat of the property. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and existing sewerage system (as well as neighbor’s). When the site evaluation is conducted the property lines and any proposed building (as necessary) must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the well has been constructed and approved.

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Signature of Owner/Agent Date (rev. 1/30/19)