

# **Application to Construct, Modify, or Abandon a Water Well Instruction Packet**

1. **Complete** the owner portion of the SW-256 Application to construct, modify, or abandon a water well found on pages 3 and 4 of instruction packet \*ONLY A CURRENT OWNER MAY APPLY\*
2. Have a licensed WV well driller complete their portion of the application SE-256 including the sketch
3. Ensure the proposed well location and if applicable the proposed/existing septic location is/are marked prior to submitting your application
4. Submit your application to the Jefferson County Health Department

**Fee for Services:** Well permit application to Construct, Modify, or Abandon a water well \$125.00

## **Payment options:**

**Check Payments:** Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check.

**Credit Card Payments:** Please note there is a **3.99% processing fee** for all card payments

- **Option 1.** Submit completed payment slip with application for processing
- **Option 2.** Submit application without a payment slip and receive an invoice to pay through the online portal

**Cash Payments:** Cash payments may be made in person

## **How to Submit Your Application:**

**Walk-in:** Our office is open to the public Monday – Friday 8:00am to 4:00pm

**Fax:** 304-728-3314

**Email:** [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

TERRENCE J. REIDY  
HEALTH OFFICER

GINO SISCO  
ADMINISTRATOR



1948 WILTSHIRE ROAD, SUITE 1  
KEARNEYSVILLE, WV, 25430  
PHONE: 304-728-8416  
FAX: 304-728-3314  
WWW.JCHDWV.ORG

## PAYMENT AUTHORIZATION FORM

**All Credit Card Payments will be charged a 3.99% service fee**

**Credit Card Payments Online Portal:** If you wish to pay online, please send application without the payment authorization form. You will then receive an invoice. Once you have received your invoice, you may visit [www.jchdwv.org](http://www.jchdwv.org) to access the payment portal and make payment. **Please do not make payment via the online portal without an invoice.**

**Credit Card Payments:** Please complete the section below if paying by credit card and do not wish to use the online credit card portal

**Fax:** 304-728-3314

**Email:** [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

The below portion must be complete in order for us to process your request

### Credit Card Payment

There is a 3.99% fee for all credit card payments

Card Holder Name: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

SW-256  
Rev 3/08  
Side A

West Virginia Department of Health & Human Resources  
Jefferson County Department of Health

**APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY, OR ABANDON A WATER WELL**



Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address with Detailed Directions: \_\_\_\_\_

Facility served is: New  Existing  Residence  Other  \_\_\_\_\_

Deed Recorded in Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Tax Parcel ID #: \_\_\_\_\_

**Distance of Well from Sources of Contamination (in Feet):**

Streams, Rivers & Impoundments: \_\_\_\_\_ Sewers & Drains (Non-Watertight): \_\_\_\_\_ Privies (Vault): \_\_\_\_\_

Sewage Absorption Fields: \_\_\_\_\_ Sewers & Drains (Hydrostat. Tested \_\_\_\_\_ Sewage Holding Tanks: \_\_\_\_\_

Septic Tank: \_\_\_\_\_ Barnyard/Feeding/Watering Area: \_\_\_\_\_ Cemetery: \_\_\_\_\_ Underground Storage Tank: \_\_\_\_\_

Other: \_\_\_\_\_

Distance to Property Line: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**By signing this application, I, the property owner, acknowledge that the information provided herein is true; that I am responsible for informing the well driller of the location of any existing or proposed onsite sewage systems; and that all sewage generated onsite must be disposed of in accordance with Department of Health and Human Resources Legislative Rules 64CSR9 and 64CSR47. I further understand that it is my responsibility to consult with the local health department sanitarian for assistance in determining location of and receiving approval for any proposed sewage system. Failure to do so may result in my inability to obtain a permit to install an onsite wastewater disposal system. I further understand that if I install the pump system, I must take an exam before installation and submit a completion report after installation.**

Signature of Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

Water Well Will Be: Constructed  Modified  Abandoned  and Will Be Used for: Potable Water  Exploration

Geothermal  Number of Wells: \_\_\_\_\_ Other  \_\_\_\_\_

Well Driller Will Install Pump System: Yes  No  If No, Who Will Install: \_\_\_\_\_

Business Name, Owner or Authorized Officer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Franchise Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Driller Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Liability Insurance Exp. Date: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issued To: \_\_\_\_\_

Contractor's Bond or Letter of Credit Exp. Date: \_\_\_\_\_

**I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit, current liability insurance coverage, and current business franchise number.**

Signature of Certified Master Well Driller who visited site: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

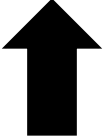
**This Page Must Be Completed**

SW-256

Rev. 3/08

Side B

Please draw a sketch of the property showing existing or proposed well locations, and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

House/Facility   
 (W) Existing Water Supply   
 (P) Proposed Water Supply   
 [ST] Septic Tank  
 - - - Soil Absorption Line   
 → Dir. Of Ground Slope \_\_\_\_\_   
 Property Line ||| Trees  
 ...- - - Stream, River   
 [MH] Mobile Home   
 [UST] Under Ground Storage Tank   
 [ ] Cemetery Impoundments  
 [B] Barn   
 [F] Fertilizer and Pesticide Storage   
 [STF] Sewage Treatment Facilities   
 [North] 

**FOR HEALTH DEPARTMENT USE ONLY**

County: \_\_\_\_\_ Coordinates: Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Date Site Evaluation: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Received From: \_\_\_\_\_  
 Contractor's Bond/Letter of Credit Exp. Date Verified by: \_\_\_\_\_ Liability Insurance Exp. Date Verified by: \_\_\_\_\_  
 Water Well Permit  Issued  Denied Permit No.: \_\_\_\_\_ Comments: \_\_\_\_\_