

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 (Attention: Danielle)

Email: Danielle.R.Phillipson@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.jchdvw.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: Danielle.R.Phillipson@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


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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 \longrightarrow 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: _____