

West Virginia Department of Health & Human Resources

Health Department

Application for Change of Certified Well Driller

me: Permit Number:			
City:	State:	Zip Code:	
Property Location:			
(Address or Dire			
Well Permit Number:			
Acknowledgement of proposed	d change by property owner:		
		referenced property with assigned p system installer as stipulated below.	ermit as
Signature of Permittee:		Date:	
Acknowledgement of proposed	d change by certified well driller:		

I, ______, WV Certified Well Driller# ______, hereby certify that I am familiar with the subject property for which the above referenced well installation permit has been issued, as well as all specific permit requirements, to include the following: 1) the precise locations of the property boundaries and the <u>approved</u> well location, 2) the location of the existing or proposed dwelling and any other structures, 3) The location of the existing or proposed septic system and septic reserve area, 4) The location of any proposed driveways, buried utilities, or stormwater control features, and 5) all improvements of concern, planned or installed, on this AND adjoining properties, which could impact the proper and legal installation of this drilled well as permitted.

Furthermore, I am familiar with the WV Water Well Regulations.

Signature of Well Driller:	Date:	

Reviewed by _____ Date _____