

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

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Commonwealth of Virginia Page \_\_\_\_\_ of \_\_\_\_\_  
Department of Health HDID # \_\_\_\_\_  
Date Rcvd \_\_\_\_\_

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Type of Class IV Well \_\_\_\_\_ New \_\_\_\_\_ Replacement \_\_\_\_\_ Emergency \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Do the adjacent properties have an agricultural operation? Check One: YES NO  
Location of Well \_\_\_\_\_  
Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Directions to Property \_\_\_\_\_  
Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
Zip \_\_\_\_\_

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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 site plan; that 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 a Department of Health official to enter onto the property for the purpose of inspecting 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 have attached a site plan showing the proposed well site, property boundaries, recorded easements, any changes in elevation of greater than 5% on the site and accurate locations of actual or proposed sources of contamination within 100 feet of the proposed well. I also declare that the undersigned Water Well Professional will install the well. If you should choose to change the Water Well Professional, a new application and permit fee will be required and a new permit must be issued.

\_\_\_\_\_  
Signature of Owner Date  
Water Well Professional \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
License # \_\_\_\_\_  
\_\_\_\_\_  
Water Well Professional's Signature

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**\*\*\*PERMIT INFORMATION -- PLEASE READ CAREFULLY\*\*\***

The attached site plan submitted by the applicant has been reviewed and based upon the information provided on the site plan, the construction area for the Class IV well in the indicated area is approved.

The well is to be constructed as specified by the permit (or attached plans and specifications) and in accordance with the Private Well Regulations.

This Class IV well construction permit is null and void if conditions change from those shown on this application or permit.

The well shall not be placed into service, except as provided for in the Private Well Regulations, until the well is inspected, corrections made if necessary and approved by the Department of Health or unless expressly authorized by the Department. Any portion of the well system that has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date \_\_\_\_\_ Issued by \_\_\_\_\_  
Date \_\_\_\_\_ Reviewed by \_\_\_\_\_

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