

SCOTLAND COUNTY HEALTH DEPARTMENT
Environmental Health Section
Application for Well Permit

Telephone Number: (910) 277-2470, ext 4424

Fee: **\$200.00**

If applied with Septic: **\$125.00**

Owner's Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ PIN #: _____

This Application is for a: New Well _____ Replacement Well _____

Additional Well _____ Abandoned Well _____

This Application is for a: New Home _____ Existing Home _____

If Existing Home: Name of Original Owner: _____

Year Home Built: _____ Type of Sewage System: _____

Submit a Plat of Site Plan of the property with dimensions, location, and size of existing and proposed buildings, driveways, sewage systems, etc. and any other potential source of pollution, and show the proposed site of the NEW WELL.

PLEASE NOTE

All above items must be completed **BEFORE** your application can be processed.

Owner's or Owner's Legal Representative Signature

Date