



**CITY OF CARROLLTON
ENVIRONMENTAL SERVICES DEPARTMENT
APPLICATION FOR WATER WELL PERMIT**

TYPE OF PERMIT: DRILL REPAIR PLUG

OWNER

NAME _____ EMAIL: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMERGENCY PHONE # _____

IF, COMPANY: CONTACT PERSON/TITLE _____

PHONE # _____ EMERGENCY PHONE # _____

PROPOSED WELL INFORMATION

EXACT LOCATION – LAT. & LONG. _____ ATTACH USGS 7.5 MIN. MAP OR EQUIVALENT

DEPTH OF WELL TO BE DRILLED/REPAIRED/PLUGGED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ATTACH A COMPLETE SET OF PLANS/SPECIFICATIONS FOR THE PROPOSED DRILLING/REPAIR/PLUGGING

ASSOCIATED PARTIES; MUNICIPAL SETTING DESIGNATION

CONTRACTOR: NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ENGINEER/GEOLOGIST: NAME _____ LICENSE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IDENTIFICATION OF ANY RECORDED MUNICIPAL SETTING DESIGNATION WITHIN 1/2 MILE OF WELL

CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS

- TO THE BEST OF MY KNOWLEDGE ALL DOCUMENTS SUBMITTED AND ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.
- I UNDERSTAND THAT ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND THAT FAILURE TO COMPLY WITH THE CODE OF ORDINANCES SHALL BE DEEMED SUFFICIENT CAUSE FOR THESE AND OTHER ENFORCEMENT ACTIONS.
- I UNDERSTAND THAT THE PERMIT IS NOT TRANSFERABLE.
- **SHOULD ANY OF THE INFORMATION GIVEN ON THIS APPLICATION CHANGE OR BECOME IN ANY WAY INVALID, I WILL NOTIFY THE ENVIRONMENTAL SERVICES DEPARTMENT IN WRITING WITHIN FIFTEEN (15) DAYS OF THAT CHANGE.**

APPLICANT'S SIGNATURE _____ TITLE _____

APPLICANT'S NAME (PRINTED) _____ DATE _____

PLEASE TYPE OR PRINT CLEARLY. ALL LINES MUST BE COMPLETED FOR ACCEPTANCE.

FOR OFFICE USE ONLY

DATE PERMIT GRANTED _____ INSPECTOR _____ PERMIT # _____