

TALBOT COUNTY WELL PERMIT ACCESSORY FORM

This form must be submitted with all state well applications.

Name of Homeowner	Name of Well Driller
911 Address of Property	Tax Map – Block – Parcel – Lot #
Homeowner’s Phone Number	Contact Person/Phone Number

Check all applicable box(es):

- The existing well will be abandoned and sealed under my license
- The pitless adaptor will be installed under my license
- The pump will be installed under my license

***FOR GEOTHERMAL WELLS PLEASE PROVIDE NAME OF HVAC CONTRACTOR_____**

FOR ALL WELLS PROVIDE A SCALED DRAWING OF 1” = _____ feet is shown on the back identifying the proposed well site. All septic systems and sewage disposal areas within 100’ of the proposed well site are shown on the drawing. The proposed well site has been staked on the property.

All well construction operations will be carried out and completed in accordance with the regulations of the State of Maryland (COMAR 26.04.04, COMAR 26.04.02, COMAR 26.05.01)

Date: _____ Driller’s Signature: _____

To be filled out by Talbot County Health Department only

County Permit Number: TA- -

Special Conditions:

Date of Approval: _____ Signature of Sanitarian: _____