

RUTHERFORD-POLK-McDOWELL HEALTH DISTRICT

Annual Pump Installer Registration

Owner: _____ County: R P M

Company Name: _____

Mailing Address: _____

Office Phone#: _____ Cell Phone#: _____ Fax#: _____

NAME OF CERTIFIED INSTALLERS

CERTIFICATE OF REGISTRATION NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any modification or alteration of a well, including breaking or installing of the well seal, falls under the definition of a well contractor activity and will require the supervision of a certified well contractor. 15 NCAC 2C.0100

Registrations shall be renewed from January 1 to January 31 of each year.

All persons to be registered as a well contractor in Rutherford, Polk, and McDowell Counties must be certified in accordance with 15A NCAC 27, well contractor certification rules.