RUTHERFORD-POLK-McDOWELL DISTRICT HEALTH DEPARTMENT

Annual Well Driller Registration

Owner: _____ **County: R☐ P☐ M☐**

Company Name: _____

Mailing Address: _____

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

NAME OF CERTIFIED INSTALLERS **CERTIFICATION NUMBER**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TYPE OF WELL RIG **NUMBER OF RIGS OF THAT TYPE**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.