



RUTHEFORD POLK MCDOWELL HEALTH DISTRICT

WELL OWNER STATEMENT OF INTENT FOR A WELL NOT FOR USE FOR HUMAN CONSUMPTION

Well Owner Name: _____

Mailing Address: _____

Home #: _____ Cell/Work #: _____ Fax #: _____

Location of Well: _____

Subdivision: _____ Lot#: _____ Gate Code: _____

Stated use of Well: _____

The above referenced well will not be, nor ever be, used for the purpose of a drinking water well for human consumption. The Rutherford Polk McDowell Health District reserves the right to inspect any well at any time. If it is determined that the above referenced well is being used for human consumption, it must meet all applicable laws, rules, and standards of construction. Additional fees will be levied upon the well owner in order to ensure compliance with all laws, rules, and standards including water sampling. If the well does not meet, or cannot meet all laws, rules and standards the owner must bring it up to standard or abandon it properly.

Well Owner Printed Name: _____ Date: _____

Well Owner Signature: _____ Date: _____

Health Director Approval Signature: _____ Date: _____