

CITY OF SALISBURY

Department of Infrastructure & Development
125 N. Division St., Rm. #202
Salisbury, MD 21801
Ph: 410-548-3130 Fax: 410-548-3107
www.salisbury.md

Well Permit #: _____

WELL PERMIT APPLICATION

Well Owner Information

Application Date: _____

Name of Well Owner: _____

Mailing Address: _____

Well Site Location/Driller Information

Location Street Address: _____

Well Drilling Company: _____ MD License #: _____

Business Address: _____ Business Phone: _____

Well Use (Check)

Irrigation Monitoring
Agriculture Injection/Extraction
Geo-Thermal Testing

Drilling Method (Check)

Hydraulic Rotary
Bored (or Augered)
Other:

Borehole Data

Proposed Depth _____ ft.

Type: Steel PVC Other
Diameter: _____ in.

Grout Material (Check)

Bentonite
Cement

Casing Information

NOTE: A fee of \$50.00 is required. Payment must be made at time of application.

Applicant agrees to also obtain approval from the Wicomico County Health Department. This permit will expire in one (1) year from the date it was issued.

Applicant's Name: _____ Phone: _____

Applicant's Email: _____ Date: _____

Approved By: _____
Building Official/Plumbing Inspector

Ck # _____ Initials: _____