

# CITY OF SALISBURY

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

#### Casing Information

#### Grout Material (Check )

Bentonite   
Cement

**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: \_\_\_\_\_