



APPLICATION FOR SHALLOW WELL PERMIT

**Town of Cape Charles Building Department
Municipal Building
2 Plum Street Cape
Charles, VA 23310**

(757) 331-2176 Fax: (757) 331-4820

codeofficial@capecharles.org

PLEASE FILL OUT FORM COMPLETELY

Date: _____

1. A permit is hereby requested to install _____ Shallow Well(s) at the following address:

Street Address: _____ Lot #: _____

Subdivision: _____

Zoning District: _____ Tax Map/Parcel # or Deed Book/Page #: _____

Property Owner's Name: _____ Owner's Phone #: _____

Mailing Address: _____

Email Address: _____

2. **This section needs to be filled in if the Property Owner is not performing the work himself:**

Well Contractor's Name: _____ Contractor's Phone #: _____

Mailing Address: _____

Email Address: _____

Contractor's License #: _____ Classification (A, B or C): _____

Contract Value: \$ _____

Contractor [____ has or ____ does not have] State's specialty designation ("WWP") to drill wells.

The well(s) will be used for: ____ Non-Potable Water ____ Irrigation ____ Other

3. **Materials that must accompany this application:**

a. VA Dept. of Health Private Well Construction Permit

b. Application Fee: \$100/Well X _____ Wells = Total Due \$ _____

WARNING!

A. All well construction or abandonment activities must be reported to this office on a Commonwealth of Virginia Uniform Completion Report and accompanied by a signed well drillers log (GW2) for this project. This information is required before the Town's final approval of the well can be given and a "Certificate of Operation" issued.

B. No shallow well shall be connected to a potable water supply.

C. The shallow well permit is void if applicant: i) does not comply fully with the Town's ordinance and regulations (available in this office) as well as with all applicable state and federal laws and regulations; ii) if the information supplied by the owner/contractor in this or any other document regarding this project is not accurate; or iii) if the well is found to be deeper than fifty feet (50').

I have read and understand the Town's ordinance and regulations regarding Shallow Wells as well as those promulgated by the Commonwealth of Virginia. I understand that well construction must be completed, and the required Certificate of Completion submitted to the Town, within 6 months after issuance of the permit. The Property Owner acknowledges that if the Town requires this well to be closed for any reason, in addition to and without limiting the Town's other rights and remedies, the Property Owner ultimately is responsible to the Town for all costs of closing the well. If the Applicant is not the Property Owner, by signing below, the Applicant represents and warrants that he is authorized to execute this application on behalf of the Property Owner.

Signature of Property Owner or Agent: _____

Applicant's typed or printed Name: _____

Applicant's Mailing Address: _____

Approved by Public Utilities: _____ Approved by Code Official: _____



**SHALLOW WELL CONSTRUCTION PERMIT
CONTRACTOR'S/OWNER'S CERTIFICATE OF COMPLETION**

**Town of Cape Charles Building Department
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Charles, VA 23310
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Instructions: Fill in items 1 and 4. Also, fill in either 2 or 3.

1. Address of Subject Property:

Street Address: _____

Owner's Name: _____

Well Permit #: _____ Issue Date: _____

2. Contractor's Certification: (If a licensed contractor was used, the contractor must fill in and sign this section.)

The undersigned contractor certifies that the undersigned: i) is duly-licensed by the Commonwealth of Virginia as a Class _____ contractor; ii) is authorized under such license to drill the well(s) covered by the applicable Town well permit; iii) [____has / ____does not have] state specialty designation ("WWP") to drill wells; iv) completed construction of the applicable shallow well(s) on the subject property to a depth that does not exceed fifty feet (50'); and v) has attached a true copy of the well-driller's log for this project. The undersigned understands that, in addition to and without limiting the Town's other rights and remedies, the undersigned will be responsible for all costs of closing the well if the Town determines that the depth of the well exceeds fifty feet (50') or if the undersigned has not otherwise met the Town's or State's laws and regulations.

Name of Contractor: _____

By: _____

Signatory's Name and Title: _____

Contractor's License #: _____

Address: _____

Phone: _____

3. Owner's Certification: (To be filled in and signed only if a licensed contractor did not perform the work.)

I certify that I am a lawful owner of the subject property and that, as of _____, 20_____, I have completed construction of the applicable shallow well(s) on the property to a depth that does not exceed fifty feet (50'). I understand that, in addition to and without limiting the Town's other rights and remedies, I will be responsible for all costs of closing the well if the Town determines that the depth of the well exceeds fifty feet (50') or if I have not otherwise met the Town's or State's laws and regulations.

Signature of Property Owner: _____

Print or Type Name: _____

Mailing Address: _____

Phone: _____

4. Notary:

COMMONWEALTH OF VIRGINIA
COUNTY OF NORTHAMPTON

Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires: _____

Notary Public