

**WELL Only OSE/PE/WWSP Report For:**Well Construction  
PermitWell Repair  
PermitWell Abandonment  
PermitWell Modification  
Permit**Property Location:**

911 Address

City

Lot                      Section

Subdivision

GPIN or Tax Map #

Health Department ID #

Latitude

Longitude

**Applicant or Client Mailing Address**

Name

Address

City

State

Zip Code

**Prepared by:      OSE                      PE                      WWSP**

Name

License #

Address

City

State

Zip Code

Date of Submission

Date Revision 1

OSE/PE/WWSP Job ID

Date Revision 2

**List of attachments (e.g., Private Well Worksheet, Construction Drawings, Abandonment Worksheet, etc.)****Certification Statement**

I hereby certify that the evaluations and/or designs as submitted comply with the applicable provisions of the Private Well Regulations (12 VAC5-630-10 *et seq.*) and all other applicable laws and regulations enforced by the Virginia Department of Health. I further certify that I currently possess the professional license required to perform work evidenced by the application by the laws of the Commonwealth as promulgated by the supervising agency.

I recommend that a (select one): Construction permit

Repair permit

be (select one) Issued

Modification permit

Abandonment permit

Denied

OSE/PE/WWSP Signature

Date