



NORTHERN NEVADA PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 1001 East Ninth Street, Bldg B • Reno, Nevada 89520
 Telephone (775) 328-2434 • Fax (775) 328-6176
 www.NNPH.org

Office Use Only
 (Non-Refundable Fees)

Permit # _____
 Fee Paid _____
 Date Paid _____
 Check/Cash/CC _____
 Receipt No. _____

**WELL CONSTRUCTION PERMIT
 APPLICATION**

Permit Type:* New Deepen Abandon Replacement

Property owner's name:* _____

Property owner's mailing address:* _____

Property owner's phone number:* _____

Property owner's email address:* _____

Applicant's name/organization:* _____

Applicant's mailing address:* _____

Applicant's phone number:* _____

Applicant's email address:* _____

Address of well site:* _____

Assessor's Parcel Number (APN):* _____ Nearest cross street to well site: _____

Type of well:* Domestic Monitoring Other If Other, please describe: _____

Use of well:* Residential Commercial

Well drilling company: _____

Well driller's State contractor's license number: _____

Well driller's phone number: _____

Any state waiver, county variance or special conditions? Yes No If yes, provide a copy with this application.

*Required Items.

Applicant printed name: _____

Applicant signature: _____ Date: _____

**Plot plan: If applying with hard copy plot plans, two copies of plot plan must accompany this application.
 If applying electronically, an electronic plot plan must accompany this application.**

Well Driller: Not required at time of application but will be required prior to permit approval.