

**WASHOE COUNTY  
HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

**WASHOE COUNTY HEALTH DISTRICT  
ENVIRONMENTAL HEALTH SERVICES DIVISION**  
1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520  
Telephone (775) 328-2434 • Fax (775) 328-6176  
www.washoecounty.us/health

**Office Use Only**  
(Non-Refundable Fees)

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

**WELL CONSTRUCTION PERMIT  
APPLICATION**

New                       Deepen                       Abandon                       Replacement

Property owner's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of well site: \_\_\_\_\_

Nearest cross street to well site: \_\_\_\_\_

Geographical area: \_\_\_\_\_

Assessor's parcel number: \_\_\_\_\_

Type of well: \_\_\_\_\_ Use of well: \_\_\_\_\_

Well drilling company (must include): \_\_\_\_\_

State contractor's license number: \_\_\_\_\_

Business license number: \_\_\_\_\_

Well driller's phone number: \_\_\_\_\_

Any state waiver, county variance or special conditions?                       Yes\*                       No

**\*If yes, attach a copy to this application.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_

**Plot plan: Two copies of the plot plan must be attached to this application.**

ORIGINAL | HEALTH DISTRICT      YELLOW | APPLICANT