



**WELL PERMIT INFORMATION**  
Please complete the ENTIRE form and forward to:  
carol@epi-team.com

---

Client/Consultant:

Address

Contact

---

**Owner of the Property where well(s) will be installed:**

Name:

Address:

Town:

State:

Zip Code:

**Property where well(s) will be installed:**

Facility:

Name:

Address:

Town:

State:

Zip Code:

County:

Block:

Lot:

**Well Information:**

Well Name	Well Type	Well Dia.	Well Depth	Flush/Standpipe	Easting (X)	Northing (Y)

**Attach Site Map**