

APPLICATION FOR WELL CONTRACTOR REGISTRATION

WAKE COUNTY

Business Name: _____

Business Owner's Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Mobile: _____

Fax: _____ email address _____

Automatically renewable bond _____ or certificate of continuance enclosed _____

**Personnel Certified by the North Carolina Well Contractors
Certification Commission as a Well Contractor**

| Name | Certification # | Phone # | Email Address |
|-------|-----------------|---------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I certify by my signature below that the individuals listed above are aware of and understand the requirements of the Regulations Governing Well Construction and Groundwater Protection in Wake County as adopted by the Wake County Board of Human Services effective February 28, 2019. I understand that any person, firm or corporation violating any part of the Regulations or who willfully fails to perform any acts required by these Regulations shall be subject to sanctions as provided in N.C.G.S. 130A-25.

(Owner's Signature)

(Date)