



**FORT BEND COUNTY W.C.&I.D. NO. 2**

2331 South Main

Stafford, Texas 77477

(281) 499-2041 Fax# (281) 499-4223

**APPLICATION FOR INSTALLATION OF SAMPLE WELL**

(Please type or print)

\_\_\_\_\_  
(NAME OF APPLICANT)

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(BUSINESS NAME)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(GEOGRAPHICAL ADDRESS)

\_\_\_\_\_  
(SUBDIVISION)

\_\_\_\_\_  
(TYPE OF OPERATION)

**BILL INSPECTION FEE TO:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

(Signature)

**Inspection Fee \$50.00**

**FOR DISTRICT USE ONLY**

Date Application Received: \_\_\_\_\_

Plumber: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_