203 North Street
PO Box 306
Bayboro, NC 28529
Tel: (252) 745-5634
Fax: (252) 745-3096

Pamlico County Health Department

Application for New Well, Well Repair or Well Abandonment

____**New Well** ____**Well Repair** ____**Well Abandonment**

IF THE INFORMATION IN THE APPLICATION FOR A WELL PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE WELL PERMIT SHALL BECOME INVALID. THE WELL PERMIT IS VALID FOR 60 MONTHS.

APPLICANT INFORMATION:

APPLICANT	ADDRESS	HOME & WORK PHONE
OWNER	ADDRESS	HOME & WORK PHONE

PROPERTY INFORMATION:

Subdivision (If Applicable) _____ Property Size_____

Directions to Site_____

_____

PROPOSED WELL USE:

____ Single Family ____ Multi-Family ____ Business ____ Restaurant

____ Other: Specify_____

The applicant shall notify the health department upon submittal of this application if any of the following apply to the property in question. If any answer to any question is "yes" applicant must attach supporting documentation and show their location on the plat or site plan.

YES	NO	
☐	☐	Is there any existing septic tank systems located on this property?
☐	☐	Are there any easements or right of ways on this property?
☐	☐	Is there any existing well or water lines located on this property?
☐	☐	Are there any surface waters or designated wetlands on this property?
☐	☐	Are there any below ground chemical or petroleum storage tanks located on this property?
☐	☐	Are there any known landfills, waste storage located on this property?
☐	☐	Is there any known underground contamination on this property?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete evaluation can be performed or a revisit fee will be assessed.

_____ _____

Property Owner's Signature Date