



**Pamlico County Health Department
Environmental Health**

P.O. Box 306 Bayboro, NC 28515
(252) 745-5634 (phone) (252) 745-3096 (fax)



APPLICATION FOR NEW WELL, WELL REPAIR OR WELL ABANDONMENT

PIN #: _____
Application Date: _____
Fee: _____
Receipt #: _____

- Drinking Well
- Irrigation Well
- Well Abandonment
- Well Repair

****Please Note: A water sample must be obtained before completion of well certification which will be an additional fee of \$100.00.**

If the information in the application for a well permit is falsified, changed, or the site is altered, then the well permit will be subject to revocation and shall become invalid.

Applicant/Owner _____ Home Phone _____
Current Address _____ Work Phone _____
City/State/Zip _____ Fax _____
Mailing Address _____ City/State/Zip _____
Subdivision _____ Lot _____ Parcel Size (acres) _____

Emergency 911 Address: (for the lot to be evaluated) _____

Specific directions to property required for site evaluation:

Proposed Well Use: _____ Single Family _____ Multi-Family _____ Business _____
_____ Restaurant _____ Church _____ Other: Specify _____

Documentation to be provided with application:

- "Plat"** means a property survey prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of all structures and proposed structures and appurtenances, including but not limited to decks, porches, pools, driveways, out buildings, existing and proposed wastewater systems, existing and proposed wells, springs, water lines, surface waters or designated wetlands, easements, including utility easements, and existing or proposed chemical or petroleum storage tanks above or below ground. "Plat" also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to scale.
- "Site Plan"** means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, and the specific location of all structures and proposed structures and appurtenances, including decks, porches, pools, driveways, out buildings, existing and proposed wastewater systems, existing and proposed wells, springs, water lines, surface waters or designated wetlands, easements, including utility easements, and existing or proposed chemical or petroleum storage tanks above or below ground.

Please check the following questions regarding the property to be evaluated:

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 documentaion and show their location on the plat or site plan.

- | YES | NO |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Is there any existing septic tank systems located on this property? |
| <input type="checkbox"/> | <input type="checkbox"/> Are there any easements or rights of ways? |
| <input type="checkbox"/> | <input type="checkbox"/> Is there any existing wells or water lines located on this property? |
| <input type="checkbox"/> | <input type="checkbox"/> Are there any surface water or designated wetlands on this property? |
| <input type="checkbox"/> | <input type="checkbox"/> Are there any below ground chemical or petroleum storage tanks located on this property? |
| <input type="checkbox"/> | <input type="checkbox"/> Are there any know landfills or waste storage located on this property? |
| <input type="checkbox"/> | <input type="checkbox"/> 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/Owner's Representative Signature

Date

No. of Attachments _____