



EDGECOMBE COUNTY HEALTH DEPARTMENT

a division of the
Edgecombe County Human Services Agency
Po Box 100
122 E. St. James Street
Tarboro, NC 27886
252-641-7511



**EDGECOMBE COUNTY HEALTH DEPARTMENT
APPLICATION FOR WELL PERMIT**

IF THE INFORMATION IN THE APPLICATION FOR A WELL CONSTRUCTION PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE WELL CONSTRUCTION PERMIT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted.

APPLICANT INFORMATION

_____	_____	_____
Applicant	Address	Home & Work Phone

Applicant Email Address		

_____	_____	_____
Property Owner	Address	Home & Work Phone

PROPERTY INFORMATION

_____	_____	_____
Street Address	Subdivision Name	Section/Lot#

Directions to Site: _____

Well Permit Type: New Repair Abandonment Other

Intended Use of New Well:

Residential – Serving one single family dwelling

Residential – Serving more than one single family dwelling

Other: _____

Are there any existing septic systems (surface or subsurface) on this property?

Are there any easements or right of ways on this property?

Are there any existing wells, springs or water lines on this property?

Are there any surface water bodies or designated wetlands on this property?

Are there any below ground chemical or petroleum storage tanks on this property?

Are there any known landfills, waste storage on this property?

Is there any known underground contamination on this property?

Are there any fields on or adjacent that are used for industrial, municipal sludge spreading or wastewater-irrigation sites?

PLEASE ATTACH A SITE SKETCH OF YOUR 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 field investigation can be performed.

Property owner's or owner's legal representative signature _____ Date
(Must provide documentation to support claim as owner's legal representative)

WELL CONSTRUCTION INSPECTION LOG

Final Well Location Diagram

Attach a copy of GW –1a “Residential Well Construction Record”

Signature of EHS Inspecting Grout

I hereby certify that this well was constructed in accordance with regulations set forth by the Edgecombe County Health Department.

Signature of Contractor Date Company Certification #

WELL HEAD INSPECTION

Date Well Head Inspection Conducted: _____

Inspection Conducted by: _____

- _____ Well Contractor Identification Plate
- _____ Pump Installer Identification Plate
- _____ Hose Bib
- _____ Access Port/Vent
- _____ Well head 12” above ground surface (or 8” for pitless adapters)
- _____ Grout to ground surface

WATER SAMPLES

Date water samples collected: _____

Samples collected by: _____

(Attach copy of sample results)