



DUPLIN COUNTY HEALTH DEPARTMENT
P.O. BOX 948 KENANSVILLE, NC 28349

PERMIT # _____

APPLICATION FOR IRRIGATION WELL

Name _____
ADDRESS _____
PHONE _____
EMAIL _____

LAND OWNER _____
ADDRESS _____

SUBDIVISION _____ LOT# _____ LOT SIZE _____

STATE RD _____

DIRECTIONS _____

USE OF WELL? _____

ARE THERE ANY EXISTING WELLS? yes no *(please indicate in sketch)*

ARE THERE ANY GROUNDWATER RESTRICTIONS? yes no

ARE THERE ANY VARIANCES PENDING? yes no

IF EXISTING STRUCTURE:
ORIGINAL OWNER NAME: _____

YEAR SEPTIC TANK INSTALLED: _____

NO WATER SAMPLING WILL BE TAKEN

SKETCH:

SKETCH OF PROPERTY INDICATING PROPOSED WELL LOCATION & ANY SOURCE OF POTENTIAL CONTAMINATION

* I am the owner or authorized agent for the above-listed address. I have fully read this application and it is true and accurate. I hereby authorize Duplin County and State employees/officials the right to enter the address above written in order to conduct the inspections or that I have now or may in the future have as it relates to the inspection/investigation authorized herein. I also acknowledge that I am solely responsible for ensuring that all property lines have been properly located and marked. If the information in the application for an improvements permit is falsified, changed, or the site is altered then the improvements permit & authorization to construct shall become invalid.

OWNER/AGENT SIGNATURE _____

TOTAL AMOUNT PAID \$130.00 CASH CHECK CREDIT CARD OTHER

RECEIVED BY _____