

 DUPLIN COUNTY HEALTH DEPARTMENT

 P.O. BOX 948 KENANSVILLE, NC 28349

PERMIT #\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR PRIVATE DRINKING WATER WELL**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAND OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBDIVISION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT#\_\_\_\_\_\_\_ LOT SIZE \_\_\_\_\_\_\_

STATE RD \_\_\_\_\_\_\_\_\_

DIRECTIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***SKETCH:***

***PLEASE INCLUDE PERMIT NUMBER TO ANY RECENT***

***SEPTIC TANK PERMITS & SKETCH PROPOSED WELL***

***LOCATION. INDICATE ANY EXISITING WELL & SEPTIC SYSTEMS***

RESIDENTAL: HOUSE □ MOBILE HOME □

FACILITY TYPE: □ RESIDENTIAL □ SINGLE □ MULTI □ OTHER

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WATER SAMPLING WILL BE TAKEN

\* 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 $240.00 CASH □ CHECK □ CREDIT CARD □ OTHER □

 RECEIVED BY \_\_\_\_\_\_\_\_\_\_\_