

Fee Received _____
Check# _____ or Cash
Date Received _____
Received By: _____

CARTERET COUNTY HEALTH DEPARTMENT

3820 Bridges St. Morehead City, NC 28557

Phone: 252-728-8499 Fax: 252-222-7753

Area _____

Priority _____

Date Staked _____ Staff Initial _____

APPLICATION
Well Construction Permit

IF INFORMATION IS FALSIFIED, CHANGED OR SITE IS ALTERED, THE AUTHORIZATION TO CONSTRUCT PERMIT SHALL BECOME INVALID. PERMIT IS VALID FOR 60 MONTHS.

Parcel ID: _____

Permit Request Section

Type of Well: _____ Private Drinking Water _____ Shared Drinking Water _____ Irrigation _____ Other
Type of Application: _____ New Construction _____ Replacement _____ Repair _____ Abandonment
Proposed Use: _____ Residential _____ Commercial (Design Capacity \leq 100,000gpd)

General Information

Owner

Name: First _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Mobile _____ Fax _____

Email _____ Organization _____

Applicant If same as owner: _____ Yes

If no, complete this section and provide owners statement.

Name: First _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Mobile _____ Fax _____

Email _____ Organization _____

Site Specific Information

Parcel Address: _____ City: _____

Subdivision: _____

Lot _____ Phase _____ Section _____ Block _____ # of Acres _____

Type of Facility: _____ Residential _____ Multifamily
_____ Non-Residential (describe _____)

Improvement Permit for Wastewater System Issued: _____ yes _____ no _____ N/A

Applicant must inform Local Health Department if any of the following apply. Check all that apply:

___ Existing well on property _____ Buried Utility Lines _____ Right of ways

___ Existing or proposed septic tank system _____ Additional structures on property

___ Stump holes/buried debris _____ Underground Fuel Tanks _____ Easements

___ Other potential sources of groundwater pollution – list _____

___ Current or pending groundwater restrictions-describe _____

Are there any variances associated with this application? _____ Yes _____ No

Additional Information: _____

Any proposed development must be reviewed by the local jurisdiction for compliance with local ordinances and regulations. Additionally, you must consult with any state or federal agency with jurisdiction over the proposed development.

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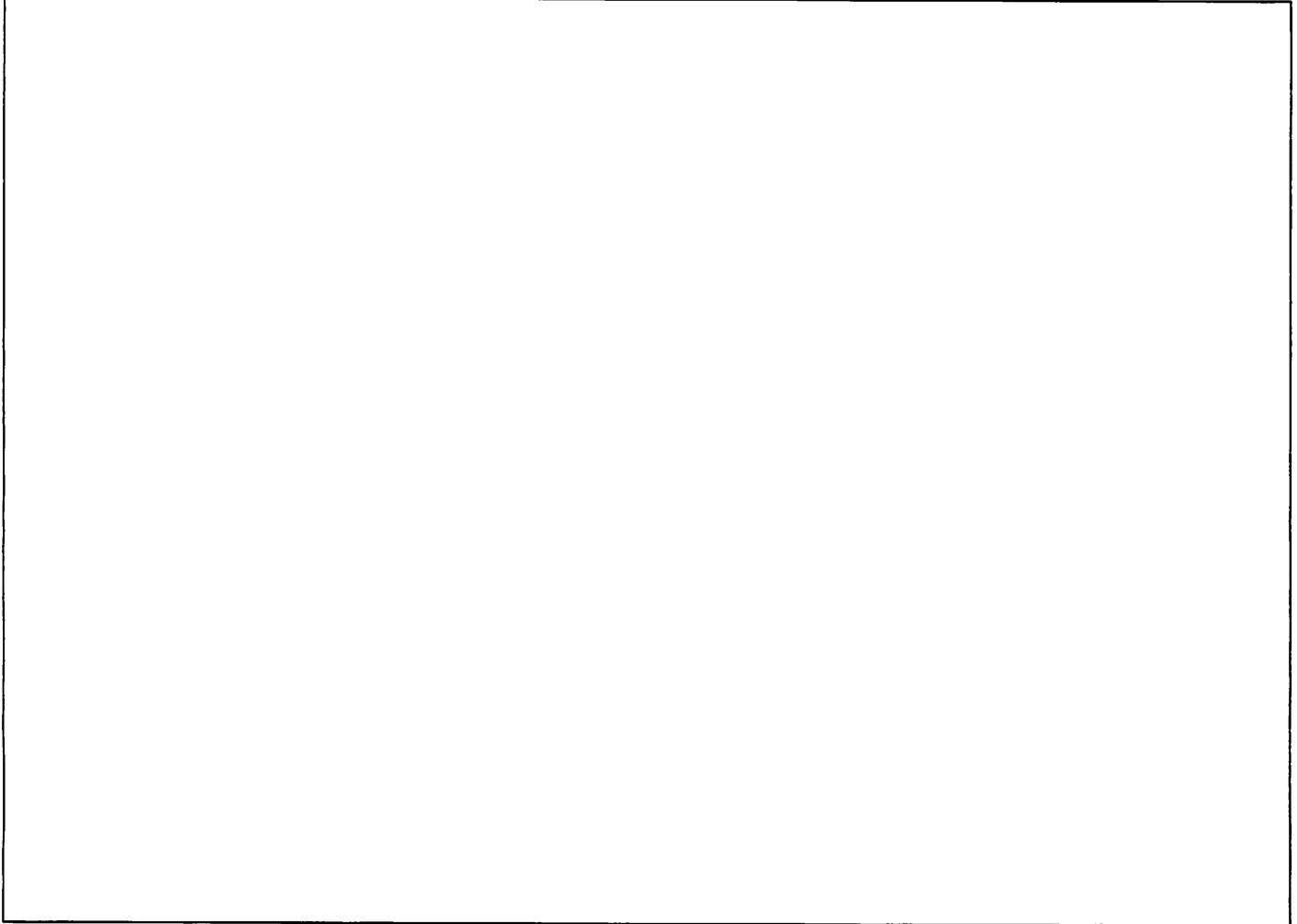
APPLICATION

Well Construction Permit

Owner _____

Parcel ID: _____

Site Sketch: Provide an accurate diagram of property with dimensions, proposed or existing building location(s) with setbacks to two property lines, proposed or existing wastewater system location, existing and/or proposed water source location, potential sources of contamination, driveways and any other characteristics or activities on the property or adjacent property that could impact groundwater quality or suitability of the site for well construction.



(Initial) Property is staked _____ **Applicant will call when property is staked** _____

A re-inspection fee of \$30 is required if the lot is not accessible and/or staked.

Application will be returned after sixty (60) days if Carteret County Environmental Health has not been notified that site is staked and accessible. Fees paid for application are forfeited when application is returned to applicant or agent.

Signature Section

The site evaluation is performed based on the information contained in this application. Any changes to the site or structure locations, the property lines, proposed or existing waste water system location shall be cause to revoke the Well Permit. **I have read this application and certify 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 staking of all property lines and corners and making the site accessible so a complete site evaluation can be performed.*

Property owner's signature or authorized agent (REQUIRED)

Date

CARTERET COUNTY HEALTH DEPARTMENT
3820 Bridges St. Morehead City, NC 28557
Phone: 252-728-8499 Fax: 252-222-7753
APPLICATION

Private Drinking Water Well Application Disclosure

Carteret County Health Department can accept an application for a private drinking water well permit however if you are proposing new construction and the facility is in a location served by Carteret County Water or any other public or community water system, you may be required to connect to that system. It is strongly recommended that you contact the water system serving the area of the proposed facility location prior to submitting the well application. Once a site visit has been made the fee is not refundable. If the well is installed, and your location is served by a public or community water system, you may still be required to connect to the system.

I have read and understand the above disclosure:

_____ Signature

_____ Address of proposed facility

_____ Date

Contact Information:

Carteret County Water – 252-728-4755

Atlantic Beach Water – 252-726-1366

West Carteret Water Corp. – 252-393-1515

Pine Knoll Shores Water – 252-247-4353 x 10

Bogue Banks Water – 252-354-3307

Town of Morehead City – 252-726-6848 x 1

Town of Beaufort (Public Works) – 252-728-7166

Carteret County public and community water systems are not limited to the above list.

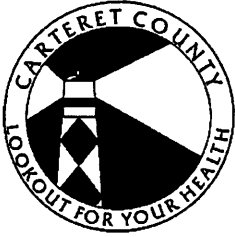
Replacement Well Applications

An application for a **replacement well** for drinking water will be accepted when the existing well no longer provides a potable or adequate water supply and the well is proposed to be removed from service.

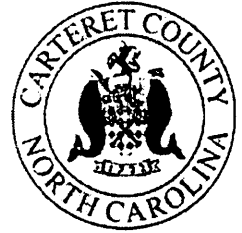
Upon approval of the installation of the replacement well, the existing well shall be removed from service and temporarily abandoned by capping it off, per 15A NCAC 02C .0113(a) or permanently abandoned if the well is determined to be improperly constructed, located or a source of contamination of the groundwater supply. A well proposed to be abandoned or required to be abandoned shall be filled, plugged, or sealed in such a manner as to prevent the well from being a channel allowing the vertical movement of water and a source of contamination of the groundwater supply, per 15A NCAC 02C .0113(b) and a certified record of abandonment provided to the Carteret County Health Department and the NCDEQ/DWR within 30 days after the completion of the abandonment per 15A NCAC 02C .0114(b).

Failure to permanently abandon an existing well that is improperly constructed or improperly located will subject the well owner to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22(c)], Suspension or Revocation of permits [G.S. 130-23] and Criminal Penalties [G.S.130-25].

Rev.11-19-15



CARTERET COUNTY HEALTH DEPARTMENT



Environmental Health Division
3820 A Bridges Street
Morehead City, NC 28557
Phone (252) 728-8499 Fax (252) 222-7753

OWNER'S STATEMENT

TO: The Environmental Health Division

SUBJECT: Authorization for Representation as Agent for Owner and Permission to Access Property

I, _____(print), hereby authorize _____(print) to act as my agent in the process of application for an on-site wastewater system permit or a water well permit for the property listed below:

(Real Estate Agents or other agents contracted to act as property representatives shall provide a copy of the signed contract verifying owner has acknowledged their representation of below property).

Location: _____ **PIDN #** _____

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please contact:

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Owner's Signature: _____ **Date:** _____

