

**LENOIR 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
Property Owner	Address	Home & Work Phone

PROPERTY INFORMATION

Street Address	Subdivision Name	Section/Lot#
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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)	