WILSON COUNTY HEALTH DEPARTMENT

1801 Glendale Drive, SW
Wilson, NC 27893-4401
ENVIRONMENTAL HEALTH (252) 291-0468 EXT. 6659 (Sherry Peele)

APPLICATION FOR WELL PERMIT

IF THE INFORMATION IN THE APPLICATION FOR A WELL CONSTRUCTION PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WELL CONSTRUCTION PERMIT SHALL BECOME INVALID.

The permit is valid for 60 months from the date of issuance.

Applicant Information:			
Applicant Name	Company		Date of Contact
Street Address	City	State	Zip
Contact Telephone Number	Fax Number	E-Mail Address	

Property Ownership Information:			
Owner Name	Company		
Street Address	City	State	Zip
Contact Telephone Number	Fax Number	E-Mail Address	

Property Information:			
Street Address	City	State	Zip
Subdivision Name	Section/Lot #	Pin Number	SR #

Directions to Site:

Please check all that apply:

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:

Site Conditions:	
☐	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 this or adjacent property that are used for industrial, municipal sludge spreading, or wastewater-irrigation sites?

PLEASE ATTACH A SITE PLAN OF YOUR PROPERTY

Site plan must show: property boundaries with dimensions, easements, existing and proposed structures with dimensions, existing wells, septic/sewer lines, all other potential sources of contamination.

The Environmental Health Section of the Wilson County Health Department locates well areas that meet separation requirements to protect your water supply and the ground water. Permitting does not imply any guarantee for a usable water supply. Water supply quantity and water quality is dependent on geological factors beyond our control. During permitting, you may propose a well location. We will permit your proposed location if all set-backs and planning constraints are satisfied.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized representatives of the Environmental Health Section of the Wilson County Health Department 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 ensuring site accessibility so that permitting activities can be performed.

_____ _____

Property owner's or owner's legal representative signature Received By: (initials)

==========

OFFICE USE ONLY

Fee: _____ Paid: _____ Receipt #: _____

Permit #: _____ Date Issued: _____ / _____

(Environmental Health Specialist)

Created 07/08