



# Martin-Tyrrell-Washington

## DISTRICT HEALTH

Terrell Davis, MPA, MSA, Health Director

252.793.3023 (p) • 252.791.3108 (f) • mtwdistricthealth.org



Public Health  
Prevent. Promote. Protect.

### Well Permit and Water Sample Application

\_\_\_\_\_  
**Applicant Name** **Address**

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Owner Name** **Address**

Phone: \_\_\_\_\_

#### Services Requested:

- New Well Permit - \$335** (Includes siting inspection, grouting inspection, wellhead inspection, and one compliance water sample. There is a charge for additional water sampling.)
- Well Repair Permit - No Charge** (There is a charge for additional water sampling.)
- Well Abandonment Permit - No Charge** (Well Contractor is responsible for submitting a well abandonment record.)

**Type of Facility:**  Single Family Dwelling  Multi-Family Dwelling  Business  
 Food Service  Child Care  Other \_\_\_\_\_

#### Additional Water Samples Fees:

\_\_\_ Compliance Sample - \$110.00    \_\_\_ Bacteriological - \$60.00    \_\_\_ Inorganic Chemical - \$60.00  
\_\_\_ Pesticide - \$60.00    \_\_\_ Petroleum - \$60.00

#### Please check the following that apply to the property and specify location on attached site plan:

- \_\_\_ Are there any existing septic systems on this property?
- \_\_\_ Are there any existing wells, springs, or water lines on this property?
- \_\_\_ Are there any surface waters or designated wetlands on this property?
- \_\_\_ Are there any easements or right of ways on this property?
- \_\_\_ Are there any below ground chemical or petroleum storage tanks on this property?
- \_\_\_ Are there any landfills, waste storage or underground contamination on this property?

**I hereby grant county and state officials permission to enter the property to conduct the services requested. The information I submitted is true, correct and complete.**

**I understand that the permit, if issued, will only pertain to the well construction and in no way guarantees the quality of the drinking water.**

\_\_\_\_\_  
Property owner's or owner's legal representative\*\* signature (required) Date

\*\*Must provide documentation to support claim as owner's legal representative.

AMOUNT PAID: \_\_\_\_\_ CHECK#: \_\_\_\_\_ CASH: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

CLERK SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Martin County  
210 W. Liberty St.  
Williamston, NC 27892  
252.793.1619

Tyrrell County  
408 Bridge St.  
Columbia, NC 27925  
252.793.1750

Washington County  
198 Hwy. 45 North  
Plymouth, NC 27962  
252.793.3023

### SITE PLAN WORKSHEET – Well Permit

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion.

Remember: Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.

- \_\_\_\_\_ - The dimensions of the property.
- \_\_\_\_\_ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ - The preferred driveway location.
- \_\_\_\_\_ - The proposed well location.
- \_\_\_\_\_ - A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle N/A.**
- N/A \_\_\_\_\_ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle N/A.**
- N/A \_\_\_\_\_ - The location of any easements or rights of way on the property. **If there are none, circle N/A.**
- N/A \_\_\_\_\_ - The location of any designated wetlands on the property. **If there are none, circle N/A.**

**USE THIS SPACE TO DRAW YOUR SITE PLAN:**

**DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE**

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, \_\_\_\_\_, am the legal owner(s) of the property located at \_\_\_\_\_, identified as PIN (Parcel Identification Number) \_\_\_\_\_, located in \_\_\_\_\_ County, North Carolina.

I do hereby authorize (print legal representative/company name) \_\_\_\_\_, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the \_\_\_\_\_ County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
-----------------------	------	----------------------	------