

Martin-Tyrrell-Washington

DISTRICT HEALTH



Wes Gray, MPA, MPH, Health Director

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

Well Permit and Water Sample Application

Applicant Name	Address
Phone:	
Owner Name	Address
Phone:	Huaress
() Well Repair Permit - No Charge (Ther	There is a charge for additional water sampling.)
Type of Facility: () Single Family Dwelling () () Food Service () Child Care () Other	
Additional Water Samples Fees:Compliance Sample - \$110.00BacteriPesticide - \$60.00Petroleum - \$60.00	ological - \$60.00Inorganic Chemical - \$60.00
	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 line. Are there any surface waters or designated wetla. Are there any easements or right of ways on this part of the surface. Are there any below ground chemical or petroleu. Are there any landfills, waste storage or underground. 	es on this property? nds on this property? property? m storage tanks on this property?
I hereby grant county and state officials per services requested. The information I submi	mission to enter the property to conduct the itted is true, correct and complete.
I understand that the permit, if issued, will only guarantees the quality of the drinking water.	pertain to the well construction and in no way
Property owner's or owner's legal representative** s **Must provide documentation to support claim as o	
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

Signature of Owner(s)

- 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.

l,	, am the legal owner(s) of the property located
at	, identified as
PIN (Parcel Identification Number)	, located in
Count	ry, North Carolina.
I do hereby authorize (print legal represei	ntative/company name),
	, to act as an agent on my behalf in applying
for/signing/obtaining any of the documer	nts described below.
Improvement Permit (IP) / AApplication for soil-site evaluation	te drinking water well/well abandonment

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 Witness

Date

Date