

Receipt # _____

PIN _____

Toe River Health District Application for New Well Permit/Repair

**IF THE INFORMATION IN THE APPLICATION FOR WELL INSTALLATION OR REPAIR IS
FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE PERMIT SHALL BECOME INVALID.**

Application Information

Applicant	Mailing Address	Home & Work Phones
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Owner	Mailing Address	Home & Work Phones
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Property Information

Street Address	Subdivision Name	Section/Phase/Lot#	Lot Size ^{AC}
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Directions to Site: _____

Requested Permit:

- New well
- Repair to an existing well
- Well Abandonment
- Replacement or additional well.

Purpose of Well (check all that apply):

- Single family residence
- Multiple family residence or multiple residences
- Agricultural / Irrigation
- Commercial – Type of Business: _____
- Other – Please specify: _____

- | | | |
|---|--|-----------------------------|
| Do you intend to install the pump yourself? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any easements or rights of way on the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the site subject to approval by any other public agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this well or system of wells have a designed capacity of 100,000 gallons per day or greater? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any variances associated with this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any type of geothermal heat pump system existing or proposed on this property? | <input type="checkbox"/> Yes (explain) | <input type="checkbox"/> No |

Year of septic installation (if existing): _____ Name of applicant or owner listed on septic records _____

- * The issuance of a Well Construction Authorization by the Local Health Department in no way guarantees sufficient yield of potable water. It merely shows potential sources of contamination and setback requirements.
- * The Construction Authorization is subject to revocation if the site plan of intended use changes.
- * It is the responsibility of the owner or applicant to disclose all potential sources of contamination. The Toe River Health District or the issuing EHS does not assume liability for unknown or undisclosed sources of contamination.
- * The fee is NON-REFUNDABLE once the property is visited by an Environmental Health Specialist.
- * It is the responsibility of the owner or applicant to notify the local Health Department when the well has been completed and is ready to be sampled. This notification will expedite the issuance of a Certificate of Completion and collection of water samples.**

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, corners, easements, and right-of-ways and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative** signature (required)	Date
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Office Use Only
Date appointment made: _____

Date & time of appointment: _____

SITE PLAN WORKSHEET

Place a mark (X) or circle N/A beside each item as you complete your site plan; incomplete site plans will be returned to you for completion.

Remember: Your property will not be evaluated or a permit issued until we have received a completed application, site plan, and all proposed items are marked on the property.

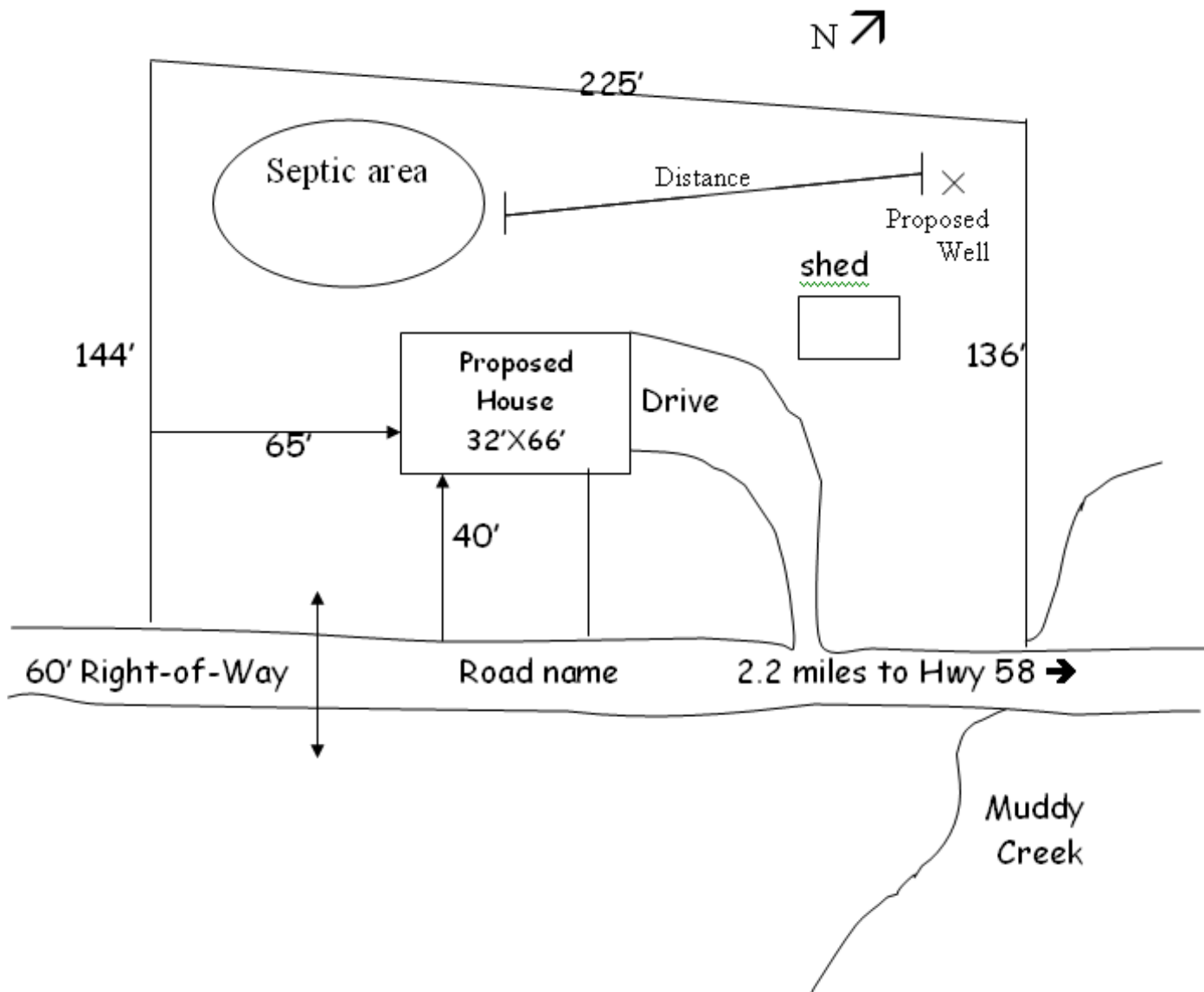
- _____ - The dimensions of the property.
- _____ - The proposed well location.
- _____ - The proposed location of all structures (e.g.: facility, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all 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.
- _____ - 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 any of the following within 100 feet of your property lines: any existing or permitted septic tanks and drainfields, including repair areas, other subsurface ground absorption waste disposal systems, industrial or municipal residuals disposal or wastewater-irrigation sites, sewage and liquid-waste collection or transfer facilities, cesspools, privies, animal feedlots, manure piles, fertilizer, pesticide, herbicide or other chemical storage areas, non-hazardous waste storage, treatment or disposal lagoons, land clearing and inert debris (LCID) landfills, animal barns, chemical or petroleum fuel underground storage tanks, and gravesites.

USE THIS SPACE TO DRAW YOUR SITE PLAN:

Toe River Health District
Well and/or Septic Example Site Plan

Providing complete and accurate information on your site sketch is critical and will assist us in efficiently evaluating your site.

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please contact your local health department.



Well Head Completion Guide

Per North Carolina General Statute 87-98.4 b(2), a person may install a pump on a well that is located on land owned or leased by that person. If you choose to install your own pump, be aware that you are responsible for the following:

An identification plate showing: The name of the pump installer, the date the pump was installed, the depth of the pump, and the pumps horsepower rating. The plate must be securely attached to either the aboveground portion of the well casing, surface grout pad or the enclosure floor if present. The identification plate shall be constructed of a durable waterproof, rustproof metal or equivalent material.

The well shall be vented at the well head to allow for pressure changes within the well ... Any vent pipe or tube shall be screened or otherwise designed to prevent the entrance of insects or other foreign materials.

A threadless hose bibb shall be installed at the well head by the person installing the pump. If the wellhead is also equipped with a threaded hose bibb in addition to the threadless sampling tap, the hose bibb shall be fitted with a backflow preventer or vacuum breaker. The threadless sampling tap must be turned downward, located a minimum of 12 inches above land surface, floor, or well pad, and positioned such that a water sample can be obtained without interference from any part of the wellhead.

All openings for piping, wiring, and vents shall enter into the well at least 12 inches above land surface...and shall be adequately sealed to preclude the entrance of contaminants into the well. The opening where pump wires pass through the well head is typically sealed with caulk. The rope attached to the pump should pass through the same opening as the pump wiring; do not bring the rope through the threaded opening meant for the well vent.

The well seal should be flush with the top of the casing; the rubber gasket on the seal should not be visible.

If someone other than the property owner or lessee installs the pump or performs any other activity that breaks the well seal, that person **MUST** be a licensed driller or licensed pump installer. Your well head must meet all of the above requirements before we can collect your water samples or issue a certificate of completion. Please contact your local health department when your wellhead is completed and ready for inspection.

