

Application Date: \_\_\_\_\_

Application #: \_\_\_\_\_

# Craven County

Inspections Department  
2828 Neuse Blvd.  
New Bern, NC 28562  
Inspections (252) 636-4987, fax (252) 636-4984

Appointment Requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fees Paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount \$	_____	
Copy of Ordinance given?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## WATER SUPPLY CONSTRUCTION

### NON-PUBLIC COMMUNITY WATER SUPPLY (2-14 CONNECTIONS, <25 PERSONS SERVED)

\_\_\_\_ Owner / \_\_\_\_ Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Other Phone #'s (mobile, etc.): \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Subdivision / Mobile Home Park: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parcel size: \_\_\_\_\_ Year recorded: \_\_\_\_\_

Directions: \_\_\_\_\_

Number of proposed connections to well: \_\_\_\_\_

Number of persons proposed to be served by well: \_\_\_\_\_

#### Check the following that are (or will be) closer than 100 feet to the proposed well location:

- |                                                                            |                                              |                                                                                     |
|----------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Septic Tank                                       | <input type="checkbox"/> Nitrification field | <input type="checkbox"/> Industrial or municipal sludge spreading                   |
| <input type="checkbox"/> Waste water irrigation                            | <input type="checkbox"/> Animal feed lot     | <input type="checkbox"/> Fertilizer, pesticide, herbicide or other chemical storage |
| <input type="checkbox"/> Manure storage                                    | <input type="checkbox"/> Animal barn         | <input type="checkbox"/> Nonhazardous solid waste landfill                          |
| <input type="checkbox"/> Any other wells                                   |                                              | <input type="checkbox"/> Underground petroleum or chemical storage tank(s)          |
| <input type="checkbox"/> Other subsurface ground absorption waste disposal |                                              |                                                                                     |

#### Check the following that are (or will be) closer than 50 feet to the proposed well location:

- Water-tight sewage or liquid waste collection or transfer facility
- Building foundation
- Surface water body (lake, pond, stream, river, etc.)
- Ditch
- Other Specify \_\_\_\_\_

#### Is the proposed well location in an area susceptible to flooding (for example, a gully, depression or drainage way)?

Yes  No

Is there a sanitary landfill within 500 feet of the proposed well location?  Yes  No

Do you own or control the property 100 feet around the well in all directions?  Yes  No

If No, explain: \_\_\_\_\_

#### Five (5) copies of each of the following must be submitted with this application:

- |                                                                |                                 |
|----------------------------------------------------------------|---------------------------------|
| 1. Map showing locations of proposed and existing well(s), and | 3. Details of well construction |
| 2. Proposed and existing water distribution system(s)          | 4. Construction schedule        |

**\*\*\*The permit fee must be paid prior to issuance of the Water Supply Construction Permit. After construction, a Water Supply Operation Permit must be obtained prior to placing the system into use. It is recommended that you obtain a copy of the *Craven County Health Department Non-Public Community Water Supplies Ordinance* for information and requirements.**

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owner / Operator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Applicant's signature must be notarized or witnessed by an authorized county agent.