

Application Date: _____

Application #: _____

Craven County

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

Appointment Requested? ___ Yes ___ No
Fees Paid? ___ Yes ___ No Amount \$ _____

Application for New Well Construction Permit

PRIVATE DRINKING WATER WELL

Well will supply water to ___ Residence ___ Business ___ Mobile Home Park ___ Restaurant ___ Church
___ Other Specify: _____

Number of proposed connections to the well: _____ (number of Residences, Mobile Homes, etc. that will receive water from this well)

Number of persons proposed to be served by the well: _____

Do you have a preferred location for the well? ___ Yes ___ No If Yes, show proposed well location on Plat.

Check all of the following that apply:

- _____ Are there any existing septic tank 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 waters 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 groundwater usage restrictions for this property?
- _____ Are there any well variances associated with this property?

If you checked any of the above, please show on your plat or site plan.

****Plat or site plan of the property must accompany this application.****

You may use the site plan submitted for the septic system application. Be sure to show well location.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. 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 and corners and making the site accessible so that a complete evaluation can be performed.

The local health department may revoke a permit at any time if it determines that there has been a material change in any fact or circumstance upon which the permit is issued.

_____ Date _____

Property Owner's or legal representative signature

(Must provide documentation to support claim as owner's legal representative)

_____ Date _____

Witness Signature