

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 \$ _____
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## Application for Well Repair Permit Abandonment Only

**Note: Wells must be abandoned in accordance with provisions contained in 15A NCAC 02C .0113 ABANDONMENT OF WELLS. Any person abandoning any well shall submit a record of the abandonment to the Division of Water Quality and the Craven County Health Department. The certified record shall be submitted within 30 days of the completion of the abandonment.**

Well supplied water to  Residence  Business  Mobile Home Park  Restaurant  Church  
 Other Specify: \_\_\_\_\_

Number of connections to the well: \_\_\_\_\_ (i.e. number of Residences, Mobile Homes, etc. that receive water from this well)

Proposed Date of abandonment \_\_\_\_/\_\_\_\_/\_\_\_\_

**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. 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.**

\_\_\_\_\_  
Property Owner's or legal representative signature  
(Must provide documentation to support claim as owner's legal representative)

Date \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

Date \_\_\_\_\_