

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 Well Repair Permit

Note: The Environmental Health Specialist (EHS) visiting the site will not lend advice on how to repair the failed well. An issued Well Repair Permit allows the owner to hire a certified & registered well contractor to evaluate and repair the well. The EHS will inspect the well construction upon repair for compliance with current regulations, including required setbacks from potential sources of contamination. Repaired wells must meet current construction standards of new wells and so may require upgrading such as extension of casing above ground surface and/or addition of grout to proper depth.

Well supplies 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)

Number of persons served by the well: _____

Describe the problems you are experiencing with your well. _____

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 rights-of-way on this property?
- _____ Are there any existing wells, springs, or water lines on this property other than the one that needs to be repaired?
- _____ 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 or waste storage sites 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?

****Plat or site plan of the property must accompany this application. You must show the well location on the plat or site plan. You must also mark the well location at the site if the well head is not visible****
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