



SAMPSON COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

Telephone (910) 592-4675 Fax (910) 592-2874

405 County Complex Road, Suite 120
Clinton, North Carolina 28328

APPLICATION FOR WELL CONSTRUCTION PERMIT

(IF THE INFORMATION IN THE APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE WELL CONSTRUCTION PERMIT SHALL BECOME INVALID.)

Applicant: _____ Contact Number: _____

Applicant email address: _____

Mailing Address: _____

911 Address of proposed well: _____

Subdivision/Lot #: _____ PIN#: _____

Property Owner(s): _____

Owner Address: _____

Owner Contact Number: _____

Proposed Use:

New Well Replacement Well Well Repair Additional Well

Are there any pending or current groundwater restrictions? Yes No

Are there any variances associated with this application? Yes No

Type of Facility:

Residential: Serving one single family dwelling; Residential: Serving more than one single family dwelling;

Other:(explain) _____

If Existing Home, Name of Original Owner: _____

Year Home Built: _____ Type of Sewage System: _____

ATTACH A PLAT OR SITE PLAN on a separate sheet of paper of the property with dimensions, location and size of all existing and proposed buildings, driveways, sewage systems, easements, designated wetlands, existing wells, etc. and any other potential sources of pollution and show the proposed site of the NEW WELL.

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 and corners and making the site accessible so that a complete field investigation can be performed.

Owner's or Owner's Legal Representative Signature

Date