PERMIT # _____

Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

APPLICATION FOR WELL PERMIT

Receipt #: _____ Parcel ID/LRK #: _____

Owner: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

Representative: _____ Cell #: _____

WELL TYPE: Private Drinking _____ Agricultural _____ Irrigation _____

Geothermal Vertical _____ Monitor _____

Number of Connections: _____ **Number of People Served:** _____

Exact directions to property (911 address if possible): _____

_____

Wells must be constructed according to 2C.0100 rules. A request for a variance to 2C.0100 rules must be submitted through the Division of Public Health, Onsite Water Protection Branch.

Homeowners must call the health department to request water samples after disinfection of the well.

Submit a plot plan showing house location, additional structures, septic tank area/sewer line, existing wells, and easements.

Note: Well permit expires sixty (60) months from the date of issuance.

The well site will be located using the information provided by the property owners or their agent. The Health Department is not responsible for improper location of wells due to erroneous information provided to the Health Department, improper location of wells by the contractor, quality or quantity of the water supply.

Date: _____

Signature: _____
(Owner or Representative)

MCHD-ENV 2/14