

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 _____ Repair _____ Abandon _____

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)

County of Moore
Department of Health
705 Pinehurst Avenue • P.O. Box 279
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.
Director

Telephone: 910-947-3300
Medical Records Fax: 910-947-1663
Administration Fax: 910-947-5837

Designation of Legal Representative

I, _____, hereby authorize
Property Owner (print)

_____ to serve as my legal
Legal Representative (print)

representative for the purpose of obtaining a permit to install, repair or expand an on-site wastewater system and/or well. I understand that submittal of the application for evaluation will authorize the Moore County Health Department to perform said evaluation on my property.

Address of Property: _____

Signature _____ Date _____
Property Owner

Signature _____ Date _____
Legal Representative

"To Protect and Promote Health through Prevention and Control of Disease and Injury."
<http://www.moorecountync.gov/health/>

Environmental Health
Telephone: 910-947-6283
Fax: 910-947-5127

WIC
Telephone: 910-947-2797
Appointments: 910-947-3271
Fax: 910-947-2460