

Paid by _____

Date _____ Rec'd by _____

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HOKE COUNTY HEALTH CENTER Raeford, North Carolina

APPLICATION FOR WELL CONSTRUCTION PERMIT

If the information in the application for the well construction permit is found to be incorrect, falsified or changed, or the site is altered, the well construction permit shall become invalid.

OWNER INFORMATION

Owner: _____

Address: _____

Home and Work Phone: _____

PROPERTY INFORMATION

Street Address: _____

Subdivision Name: _____

Section/Phase/Lot # / Parcel # : _____

DIRECTIONS TO SITE: _____

DEVELOPMENT INFORMATION

New Drinking Water Well _____ Replacement Well _____
(serves a private residence) (repair or replacement of existing well on property)

Specifications: # of Connections _____ # of Employees _____
(serves a business)

Wastewater Disposal System: Private septic _____ Municipal sewer _____
(Location **must** be indicated on site map)

Are there any of the following within 500 feet of proposed well or well system?

- | | |
|---|----------|
| 1) Existing or Proposed wells or well systems? (If 'yes', identify type of use) | Yes / No |
| 2) Will any wells be abandoned? | Yes / No |
| 3) Surface water bodies, such as streams or lakes? | Yes / No |
| 4) Septic tank systems, landfills or other waste disposal areas? | Yes / No |
| 5) Pesticide, chemical or fuel storage areas? (Above or below ground) | Yes / No |
| 6) Animal feedlots, sludge spreading or wastewater-irrigation sites? | Yes / No |

(If any of these questions are answered 'yes', this information **must** be indicated on corresponding site map)

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 the right of entry to conduct necessary inspections to determine compliance with applicable rules. I understand that I am solely responsible for the proper identification and labeling of all property lines/corners if needed, and making the site accessible so that a well site evaluation can be performed. I certify that I have checked with the Zoning Department.

Property owner's or owner's legal representative signature (required)

Date