

CARTERET COUNTY HEALTH DEPARTMENT

Fee Received \_\_\_\_\_  
Date Received \_\_\_\_\_  
Received By: \_\_\_\_\_

3820 Bridges St. Morehead City, NC 28557  
Phone: 252-728-8499 Fax: 252-222-7753

Area \_\_\_\_\_  
Priority \_\_\_\_\_  
Staked \_\_\_\_\_ On-Hold \_\_\_\_\_

APPLICATION

Private Drinking Water Well Construction Permit

IF INFORMATION IS FALSIFIED, CHANGED OR SITE IS ALTERED, THE CONSTRUCTION PERMIT AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. PERMIT IS VALID FOR 60 MONTHS.

Type of Application: \_\_\_\_\_ New Construction \_\_\_\_\_ Repair \_\_\_\_\_ Replacement \_\_\_\_\_ Abandonment

Owner Information

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_  
Contact By: \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile Ph  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Information If same as owner: \_\_\_\_\_ Yes

If no, complete this section and provide owners statement.

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_  
Contact By: \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile Ph  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_

Parcel Location

Parcel ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Phase \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Type of Facility: \_\_\_\_\_ Residential \_\_\_\_\_ Multifamily \_\_\_\_\_ Non-Residential

Improvement Permit for Wastewater System Issued: \_\_\_\_\_ yes \_\_\_\_\_ no

Applicant must inform Local Health Department if any of the following apply. Check all that apply:

- \_\_\_\_\_ Existing well on property \_\_\_\_\_ Buried Utility Lines \_\_\_\_\_ Right of ways
- \_\_\_\_\_ Existing or proposed septic tank system \_\_\_\_\_ Additional structures on property
- \_\_\_\_\_ Stump holes/buried debris \_\_\_\_\_ Underground Fuel Tanks \_\_\_\_\_ Easements

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**CARTERET COUNTY HEALTH DEPARTMENT**  
**820 Bridges St. Morehead City, NC 28557**  
**Phone: 252-728-8499 Fax: 252-222-7753**  
**Application for Private Drinking Water Well Construction Permit**

**Site Sketch: Provide a site plan that accurately represents the site on the application. Include diagram of lot, dimensions, building location, proposed or existing system location, existing or proposed water source location, driveways and any other feature that may be relative to repairing the wastewater system.**

**\*\*Application will be returned after sixty (60) days if Carteret County Environmental Health has not been notified that site is staked and accessible. Fees paid for application are forfeited when application is returned to applicant or agent.**

I have read this application and certify 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 staking of all property lines and corners and making the site accessible so a complete site evaluation can be performed.

\_\_\_\_\_  
Property owner's signature (REQUIRED)  
or authorized agent (with completed Owner's Statement)

\_\_\_\_\_  
Date  
Brochure received\_\_\_\_\_



## **CARTERET COUNTY HEALTH DEPARTMENT**

3820 Bridges Street, Suite A, Morehead City NC 28557

J.T. Garrett, Ed. D., M.P.H.

### **OWNER'S STATEMENT**

TO: The Environmental Health Division

SUBJECT: Authorization for Representation as Agent for Owner and Permission to Access Property

I, \_\_\_\_\_ (print), hereby authorize \_\_\_\_\_ (print) to act as my agent in the process of application for an on-site wastewater system permit for the property listed below:

(Real Estate Agents or other agents contracted to act as property representatives shall provide a copy of the signed contract verifying owner has acknowledged their representation of below property).

Location: \_\_\_\_\_ PIDN # \_\_\_\_\_

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please contact:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CARTERET COUNTY HEALTH DEPARTMENT**

**3820-A Bridges Street, Morehead City, NC 28557**

J.T. Garrett, Ed. D., M.P.H.

### **Private Drinking Water Well Application Disclosure**

Carteret County Health Department can accept an application for a private drinking water well permit however if you are proposing new construction and the facility is in a location served by Carteret County Water or any other public or community water system, you may be required to connect to that system. It is strongly recommended that you contact the water system serving the area of the proposed facility location prior to submitting the well application. Once a site visit has been made the fee is not refundable. If the well is installed, and your location is served by a public or community water system, you may still be required to connect to the system.

I have read and understand the above disclosure:

\_\_\_\_\_ Signature

\_\_\_\_\_ Address of proposed facility

\_\_\_\_\_ Date

#### **Contact Information:**

Carteret County Water – 252-728-4755

West Carteret Water Corp. – 252-393-1515

Bogue Banks Water – 252-354-3307

Pine Knoll Shores Water – 252-247-4353 x 10

Atlantic Beach Water – 252-726-1366

Town of Beaufort (Public Works) – 252-728-7166

Town of Morehead City – 252-726-6848 x 1

Carteret County public and community water systems are not limited to the above list.

4/14/2010

Health Department (252) 728-8550  
Fax (252) 222-7739

Health Director  
(252) 728-8550

Environmental Health (252) 728-8499  
Fax (252) 222-7753