



Public Health

# Environmental Health Division

## Application for Well Permit

Office Use Only

West \_\_\_\_\_ East \_\_\_\_\_

Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Cash Check CC OCC

# \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

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

Applicant E-mail \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

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

Owner E-mail \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Property Location \_\_\_\_\_

Parcel ID# \_\_\_\_\_ PIN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**THIS APPLICATION IS FOR A:****RESIDENTIAL WELL:** NEW \_\_\_\_ REPLACEMENT \_\_\_\_ ADDITIONAL \_\_\_\_**IRRIGATION WELL:** NEW \_\_\_\_ REPLACEMENT \_\_\_\_ ADDITIONAL \_\_\_\_

How many gallons per day are needed? \_\_\_\_\_

**COMMERCIAL WELL:** NEW \_\_\_\_ REPLACEMENT \_\_\_\_ ADDITIONAL \_\_\_\_

Type of Business \_\_\_\_\_

How many gallons per day are needed? \_\_\_\_\_

Describe the commercial use? \_\_\_\_\_

Is Municipal Water Available to the Property? YES NO

Is Municipal Water Connected to the Property? YES NO

Is anything on the property going to be connected to both the proposed well and municipal water? YES NO

**NOTE- If the proposed well is to serve a property/facility connected to municipal water, plumbing and cross connection permits and inspections may be required. Contact the Durham Development Services Center by phone at 919-560-4144.**

**ENVIRONMENTAL HEALTH REQUIREMENTS FOR WELL PERMIT:**

- SUBMIT A SITE DRAWING OF THE PROPERTY SHOWING THE DESIRED WELL LOCATION AND ANY EXISTING BUILDINGS, DRIVEWAY(S), OUT BUILDING(S), ETC.
- WELL CONTRACTOR IS TO NOTIFY ENVIRONMENTAL HEALTH AT LEAST 24 HOURS PRIOR TO DRILLING FOR INSPECTION APPOINTMENT.

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 and 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 site evaluation can be performed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner / Owner's Agent

rev 9/2021



Environmental Health Division  
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Equal Employment/Affirmative Action Employer