



**BRUNSWICK COUNTY HEALTH DEPARTMENT
APPLICATION FOR WELL PERMIT**

_____ NEW _____ REPAIR

OWNER/AUTHORIZED AGENT _____ / (_____) _____ PHONE _____ SEPTIC PERMIT FILE _____

APPLICANT'S MAILING ADDRESS

GIS PROPERTY ADDRESS FOR WELL LOCATION IF DIFFERENT THAN ABOVE

TAX PARCEL _____ SUBDIVISION _____ LOT _____ BK _____ SECTION _____

WELL DRILLER (IF KNOWN)

WELL MUST BE LOCATED THE MINIMUM SETBACK DISTANCES:
(setback requirements apply for property and adjacent properties)

- A) Septic tanks and drainfields ----- 100 feet (minimum 50 feet if waiver applies)
- B) Building Foundation ----- 25 feet
- C) Surface water bodies (ponds, lakes, etc.) ----- 50 feet
- D) Animal Barns ----- 100 feet (minimum 50 feet if waiver applies)
- E) Other surface water bodies, such as streams,
rivers, sounds, bays, & tidal estuaries ----- 25 feet

Please review your septic system permit for information concerning the wastewater system layout.

For more detailed setback requirements contact the Health Department or review the information on the back of this application. Property owner/well driller must ensure required setbacks are maintained. This application is null and void upon the expiration of the Construction Authorization Permit for the septic tank system.

- 1) **You or your well driller must call the Health Department before 9:30 a.m. on the day the well installation is ready for Health Department inspection.**
- 2) **After the well has been approved you must contact the Health Department to request a water sample after the well has been properly chlorinated and electrical service to the well pump is provided. Water testing is necessary to validate the well has been disinfected and safe for human consumption.**

CALL HEALTH DEPARTMENT TOLL FREE 1-888-428-4429 EXTENSIONS 2305/2281/2332 FOR WELL INSPECTION & COLLECTION OF WATER SAMPLE

Signature Owner/Authorized Agent

Date

TO BE COMPLETED BY COUNTY STAFF

Fee collected: _____ Date: _____ staff: _____