

**Application for Well Permit**                      **BCHS File:** \_\_\_\_\_  
**Brunswick County Environmental Health Services**    **Tax Parcel:** \_\_\_\_\_  
**25 Courthouse Drive, PO Box 9, Bolivia, NC 28422**  
**(910) 253-2150 – [septicplans@brunswickcountync.gov](mailto:septicplans@brunswickcountync.gov)**

**New Well**                       **Repair Well**                       **Well Abandonment**

Date of Request: \_\_\_\_\_ Email: \_\_\_\_\_

Owner/  Authorized Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

Well Driller Name (If Known): \_\_\_\_\_

**WELL MINIMUM SETBACK DISTANCES**  
(applies for property and adjacent properties)

- A) Septic tanks and drainfields ----- 50 feet
- B) Building Foundation ----- 25 feet
- C) Surface Water Bodies (ponds, lakes, etc.) ----- 50 feet
- D) Animal Barns ----- 100 feet (50 feet if applicable)
- E) Other Surface Water Bodies (streams, rivers, sounds, bays, tidal estuaries) ----- 25 feet

**Please review your wastewater system permit for information concerning the wastewater system layout**

**For more detailed setback requirements, contact Brunswick County Health Services. The property owner/well driller must ensure required setbacks are maintained. This application is null and void upon the expiration of the Well Permit.**

- 1) The Well Driller must call Brunswick County Health Services at 910-253-2150 to schedule a grout inspection.**
- 2) After the well Certificate of Completion has been issued, you must contact Brunswick County Health Services at 910-253-2150 to make a request for your water samples to be collected. Water testing is necessary to validate that the well has been disinfected and is safe for human consumption.**

For the above-mentioned property, I authorize Brunswick County Personnel to go on said property to make the necessary inspection(s)/evaluation. As owner or his/her authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the properties. I understand that legal action may be taken if alterations to the site/approved plans are made or the intended use is changed.

Owner/Authorized Agent Name (Signature): \_\_\_\_\_

**TO BE COMPLETED BY BRUNSWICK COUNTY HEALTH SERVICES STAFF**

Fee collected: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Site Plan Instructions**

- 1) Draw the property and include all the property dimensions.
  - 2) Draw all the existing and proposed structures on the property and indicate their distances to the property lines.
  - 3) Indicate the existing well location.
  - 4) Indicate the proposed location for the new/repair well on the property.
  - 5) Indicate any easements, rights-of-way, and encroachments.
  - 6) Indicate the location of the septic system on the property and on adjacent properties.
  - 7) Indicate the location and label the name of the street(s) adjacent to the property.
  - 8) Indicate the location of any water features (i.e., ponds, lakes, streams, ocean, creek, etc.).
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I acknowledge the use of the site plan created by the AOWE/EOP, which accompanies the NOI (Private septic permit option).