

**North Carolina
Department of Health and Human Services
Division of Public Health**

*Please submit this form along with a
Well Variance Application for an
existing private water supply well.*

Existing Well Variance Inspection Report

Well Site Location: _____
(Town, community, subdivision and Lot #)

Address: _____

City: _____ State: _____ Zip: _____ County: _____ Date of Site Visit: ____/____/____

Well Construction

Date of Well Construction: ____/____/____

If unknown, was it drilled before **1972**? ☐ YES ☐ NO

If unknown, was it drilled before **7/1/2008**? ☐ YES ☐ NO

What type of well is it:

☐ Drilled ☐ Bored ☐ Hand Dug ☐ Jetted ☐ Other

Does the well have a cement slab? ☐ YES ☐ NO

Does the well appear to be grouted? ☐ YES ☐ NO

Well Head Completion

Is the well head 12" above land surface? ☐ YES ☐ NO

If not, what is the height of the casing: _____ inches

Is there a sanitary well seal? ☐ YES ☐ NO

Is the sanitary well seal in good repair? ☐ YES ☐ NO

Are the following items present at the well head?

Vent: ☐ YES ☐ NO Sample Tap: ☐ YES ☐ NO

Well Tag: ☐ YES ☐ NO Pump Tag: ☐ YES ☐ NO

Potential Sources of Contamination?

Does the well currently meet separation requirements with known sources of contamination? ☐ YES ☐ NO

If no, please provide distances to those it does meet:

If seeking variance from existing structure for .0107(a)(2)(P) was structure built before 1987? ☐ YES ☐ NO

Other comments:

Complete below.

Name of person completing this form (please print): _____