

Private Drinking Water Wells Authorization Procedures

Revised October 1, 2022

Environmental Health Section, On-Site Water Protection Branch

APPLICANT INSTRUCTIONS AND INFORMATION

Preliminary Activities, Field Practice and Review, and Application (pages 4, 5, and 7)

The applicant shall complete the “Preliminary Activities” checklist, the “Field Practice and Review” checklist, and the “Application for Delegation of Authority”, and send them via email to EH Section’s Office of Education and Training (OET).

Checklists and applications must be sent by email to ehs.authorization@dhhs.nc.gov for processing.

OET will notify the Regional Well Specialist after processing the “Preliminary Activities” checklist, the “Field Practice and Review” checklist, and the application. The Regional Well Specialist will coordinate with the applicant for completing the “Competency Assessment Process.”

Competency Assessment Process

I. Field Evaluation The applicant shall demonstrate competency and knowledge in these tasks to the DPH Regional Well Specialist:

- Well construction and repair permitting
- Well construction field investigations
- Well grouting inspections
- Well head completion inspections
- Well water sampling
- Maintenance of well program records
- Issuance of Health Risk Evaluations
- Ability to use DEQ’s Well Permitting Decision Tool

II. Written Examination The applicant must pass a written exam with a minimum score of 70 percent. Successful exam completion is required of all applicants.

After successful completion of the Competency Assessment Process, the Regional Well Specialist will notify OET that the applicant has satisfied all requirements for authorization.

Delegation of Authority

After receiving the completed “Preliminary Activities” checklist, the “Field Practice and Review” checklist, the application, photograph (if needed), and the Regional Well Specialist’s recommendation, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. The applicant may begin enforcing laws and rules when the letter of authorization is received.

Change of Employment

If an authorized agent becomes employed in another county health department, he or she must complete and submit a new “Application for Delegation of Authority” to apply for authorization for that county.

PRELIMINARY ACTIVITIES (To be initialed with date completed by applicant's supervisor)

- _____ 1. The applicant has successfully completed the Centralized Intern Training General Module Private Well Day by the Environmental Health Section, DHHS.
- _____ 2. The local health department has trained the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor has assigned the applicant to an authorized environmental health specialist in the department for practice of skills and knowledge in the following specific areas:
- Laws, rules, policies, and forms
 - Well construction and repair permits
 - Well construction and abandonment procedures
 - Well sampling procedures

If no authorized environmental health specialist is available in the intern's department, the Regional Well Specialist shall assist the county with finding an alternate location for this training. Local health directors of cross-training health departments will be involved in the coordination of training time and location.

- _____ 4. The health department has supplied the applicant with the necessary equipment to enforce the laws and rules and ensure that the applicant is familiar with the use of all equipment.

Printed name of applicant: _____

Printed name of supervisor: _____

Printed name of county: _____

FIELD PRACTICE and REVIEW

(Tasks are to be initialed by applicant and supervisor with date completed)

- _____ **1.** The applicant has properly completed 10 well construction and/or repair permits including a search of DEQ's Well Permitting Decision Tool, in accordance with 15ANCAC 02C .0303 and .0304.
- _____ **2.** The applicant has properly completed 10 well construction field investigations, in accordance with 15A NCAC02C .0303 and .0304.
- _____ **3.** The applicant has properly completed 5 well grouting inspections (this can also include liner grouts and well abandonments), in accordance with 15A NCAC 02C .0305and .0306.
- _____ **4.** The applicant has properly completed 10 well head completion inspections, in accordance with 15A NCAC02C .0306.
- _____ **5.** The applicant has properly collected 10 well water samples and completed 10 Health Risk Evaluations, from any type of well, in accordance with 15ANCAC 18A .3802. .3803, .3804, and .3805.
- _____ **6.** The applicant properly maintained records associated with Field Practice and Review items #1 through #5 in accordance with 15A NCAC 02C .0307 and has provided records or copies of records at the request of the supervisor or Regional Well Specialist.

If the "Field Practice and Review" items cannot be completed in the applicant's county, the Regional Well Specialist shall assist the applicant with finding an alternate location. The health directors of all involved health departments shall assist in the coordination of training times and locations.

After completion, the "Field Practice and Review" checklist, along with the "Preliminary Activities" checklist, should be sent to EH Section's Office of Education and Training, in accordance with the "Applicant Instructions and Information" on page 2. However, the affidavit (if applicable) should be sent to the Regional Well Specialist.

Printed Name of Supervisor: _____

Printed Name of County: _____

Printed Name of Applicant: _____

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

New Transfer REHS NUMBER _____

PLEASE PRINT CLEARLY AND COMPLETE ALL LINE ITEMS

DATE OF EMPLOYMENT: _____

NAME: _____ MAIDEN: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ WORK EMAIL: _____

CURRENT COUNTY OF EMPLOYMENT: _____

CURRENT COUNTY ADDRESS: _____

HEALTH DIRECTOR NAME & EMAIL: _____

SUPERVISOR NAME & EMAIL: _____

PREVIOUS COUNTY OF EMPLOYMENT: _____ DATE LEFT: _____

CIT TRAINING: LOCATION: _____ DATES: _____

PREVIOUS AUTHORIZATION:

() CCSS () FLI; Migrant Housing () POOLS () WELLS
() CLPP () OSWP; Migrant Housing () TATTOO

TYPE OF AUTHORIZATION REQUESTED:

() CCSS () FLI; Migrant Housing () POOLS () WELLS
() CLPP () OSWP; Migrant Housing () TATTOO

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed. Forms with missing information will not be processed.

Distribution: 1. Original to: ehs.authorization@dhhs.nc.gov - CIT and Authorizations
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.