

Private Drinking Water Wells Authorization Procedures

Original Set

(Please make all copies & discard all
previous forms)

Authorization Procedures Revised
February 15, 2019

Environmental Health Section, On-Site Water 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 to EH Section’s Education & Training Program. Additionally, the applicant should submit a digital photograph for authorization identification cards to the Education & Training Program, unless he or she is already authorized to administer another program. Hard copy photographs will not be accepted.

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

Affidavits, when applicable, must be sent to the Regional Well Specialist.

The Education & Training Program 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 DEH 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

Demonstrated competency in these tasks is not necessary for an applicant who has well program experience from July 01, 2005 to January 01, 2007. In this case, the applicant’s experience must be documented with an affidavit, as included with these authorization procedures, and submitted to the Regional Well Specialist.

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 the Education & Training Program that the applicant has satisfied all requirements for authorization.

APPLICANT INSTRUCTIONS AND INFORMATION (CONTINUED)

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. An Identification Card will be included with the letter and must be carried by the authorized agent while on duty. Additionally, the Identification Card is the property the Environmental Health Section and must be immediately returned by the authorized agent to the Section, when he or she is no longer employed with a local health department. 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

Applicant & Supervisor Initial/Date Completed

1. The applicant has successfully completed the Centralized Intern Training by the Environmental Health Section, DHHS. Or, the applicant has successfully completed a State of Practice well course or the Centralized Intern Training (well portion), if he or she has been involved with a well program, between January 01, 2007 and July 01, 2008.
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.

Performance of “Preliminary Activities” tasks is not necessary for an applicant who is already authorized or has county well program experience from July 01, 2005 to January 01, 2007. In this case, the supervisor shall initial “Preliminary Activities” items #1 through #4 (above) and then document the applicant’s experience with an affidavit, which is included with these authorization procedures. After completion, the “Preliminary Activities” checklist, along with the “Field Practice and Review” checklist should be sent to EH Section’s Education and Training Program, 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 applicant: _____

Printed name of supervisor: _____

Printed name of county: _____

FIELD PRACTICE and REVIEW
Applicant & Supervisor Initials/Date Completed

- _____ 1. The applicant has properly completed 10 well construction and/or repair permits, in accordance with 15A NCAC 02C .0303 and .0304.
- _____ 2. The applicant has properly completed 10 well construction field investigations, in accordance with 15A NCAC 02C .0303 and .0304.
- _____ 3. The applicant has properly completed 10 well grouting inspections, in accordance with 15A NCAC 02C .0305 and .0306.
- _____ 4. The applicant has properly completed 10 well head completion inspections, in accordance with 15A NCAC 02C .0306.
- _____ 5. The applicant has properly collected 10 well water samples, from any type of well, in accordance with 15A NCAC 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.

Performance of “Field Practice and Review” tasks is not necessary for an applicant who is already authorized or has county well program experience from July 01, 2005 to January 01, 2007. In this case, the supervisor shall initial “Field Practice and Review” items #1 through #6 (above) and will also need to document the applicant’s experience with an affidavit, which is included with these authorization procedures.

After completion, the “Field Practice and Review” checklist, along with the “Preliminary Activities” checklist should be sent to EH Section’s Education and Training Program, 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: _____

PRIVATE WATER SUPPLY WELL PROGRAM EXPERIENCE AFFIDAVIT

I, _____, do hereby give favorable reference for the
(Printed Name of Person Providing Reference)
below listed applicant for Private Drinking Water Wells Authorization.

My contact information is as follows:

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone (____) _____

I hereby certify that I am qualified to give this reference based on the following (check one that applies). I:

☐ _____ previously supervised the applicant, since July 1, 2005, at which time the applicant was actively involved
in a county well program established on or before January 1, 2007.

County: _____ Dates of employment: _____

OR

☐ _____ currently supervise the applicant who has been actively involved in a county well program on or before
January 1, 2007.

Applicant: _____ (First Middle Last Names)

Applicant's Current Employer/County _____

(DATE & Signature of Person Acknowledging Applicant's Experience)

I certify that the following person(s) appeared before me this day, each acknowledging to me that he or she signed the
foregoing document: _____.

Date: _____ Official Signature of Notary

Printed Name of Notary

My Commission Expires: _____

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.