

Private Wells Program Authorization Procedures

Authorization Procedures Revised
March 17, 2008

Applicant Name: _____

Private Wells Program
Authorization Procedures
On-Site Water Section, Division of Environmental Health

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” (Form DENR 1056), and send them to DEH’s Office of Education and Training (OET). Additionally, the applicant should submit a digital photograph for authorization identification cards, unless he or she is already authorized to administer another program. Applicants should e-mail digital self images to OET using one of the staff e-mail addresses from http://www.deh.enr.state.nc.us/oet/oet_staff.htm. Hard copy photographs will not be accepted.

Checklists and applications may be sent by facsimile transmission to (919) 715-3242 or mailed to the below address:

DIVISION OF ENVIRONMENTAL HEALTH
EDUCATION & TRAINING
1630 MAIL SERVICE CENTER
RALEIGH NC 27699-1630

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

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 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 OET that the applicant has satisfied all requirements for authorization.

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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 Director of the Division of Environmental Health 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 Division of Environmental Health and must be immediately returned by the authorized agent to the Division, 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” (Form DENR 1056) to apply for authorization for that county.

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

Initial/Date Completed

- _____ 1. The applicant has successfully completed the Centralized Intern Training by the Division of Environmental Health, DENR. 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 DEH'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 applicant: _____

Printed name of supervisor: _____

Printed name of county: _____

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FIELD PRACTICE and REVIEW

(Tasks are to be initialed by applicant and supervisor, when completed)

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 can not 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 DEH’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 applicant: _____

Printed name of supervisor: _____

Printed name of county: _____

PRIVATE WATER SUPPLY WELL PROGRAM EXPERIENCE AFFIDAVIT

I, _____, do hereby give favorable reference for the below listed
(Printed Name of Person Providing Reference)
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: _____

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

Name of Applicant: _____
First Middle Last

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

(Official Seal)

Printed Name of Notary

My Commission Expires: _____

N. C. DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
APPLICATION FOR DELEGATION OF AUTHORITY

~ Initial Authorization
~ Re-authorization ~ Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

() CCC () FLI () OSW () TATTOO
() CLPP () MH&FFH () POOLS () PRIVATE WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

() CCC () FLI () OSW () TATTOO
() CLPP () MH&FFH () POOLS () PRIVATE WELLS

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.

Distribution: 1. Original to: Education & Training, Division of Environmental Health
1630 Mail Service Center, Raleigh, NC 27699-1630, (Courier 52-01-00)
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.

Additional Forms: This form may be copied as needed.
DENR 1056 (REVISED 3/18/08)