



Eugene Maynard, MD
Board Chair

Johnston County Environmental Health

A Division of Johnston County Public Health



Dr. Allan Carroll, PharmD
Board Vice Chair



Marilyn R. Pearson, MD
Health Director

Shared Well Agreement

This is verification stating that _____ located at
(Provider's Name)

_____ will be supplying water to
(Shared well's location address)

_____ until such time that a new well is constructed and
(Name)

approved by the Johnston County Environmental Health Department or other

independent water source is established for the property located at

(Address of facility using the well)

(Provider's Signature)

(Date)

_____ County, North Carolina

I certify that the following person personally appeared before me this day acknowledging to me that he or she signed the foregoing document.

(Notary Public's Signature)

My Commission expires: _____ Seal:

*****THERE WILL ONLY BE TWO (2) CONNECTIONS SHARING THIS WELL*****
