



# JOHNSTON COUNTY ENVIRONMENTAL HEALTH

A Division of Johnston County Public Health



Eugene Maynard, MD  
Board Chair

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 location's address)

\_\_\_\_\_ until such time that a new well is constructed and approved  
(Name)

by the Johnston County Environmental Health Department or other independent water source is established for the property located at \_\_\_\_\_  
(address of facility utilizing 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 Signature)

My Commission expires: \_\_\_\_\_ Seal:

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

**"Healthy Johnstonians in All Communities"**

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