## **North Carolina Department of Environment and Natural Resources** Division of Energy, Mineral, and Land Resources **Energy Section - Oil and Gas Program**

**Form** 21 Rev 03/2015 1612 Mail Service Center, Raleigh, NC 27699-1612 Phone: (919) 707-9220 Fax: (919) 715-8801 Email: DEMLRoilandgas@ncdenr.gov

Oil & Gas Program Use Only	
Date:	
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Water Supply In	vestigation Request	15A NCAC 05H .1804		
Water Supply Own	ner Contact Information:			
Name:	Phone:			
Address:	Email:			
City: State: Zip:				
Oil or Gas Well Information:				
Permittee Name:	Nearest Town/			
API Number:	City.			
Lease/Well Name:	Well Site Ingress/Egress			
Well Number: County:	Location:			
Was the Permittee contacted? Yes No If yes, condition Date of incident:  Provide a detailed description of the incident, problem and cause	e:			
This form must be signed by the individual submitting the water supply investigation request.				
Print Name:				
Signature:	<u> </u>			
Date:				