

Application for Private Drinking Water/Well

APPLICANT INFORMATION

Applicant	Address		Contact Phone #
Owner	Address		Contact Phone #
PROPERTY INFORMATION			
Street Address	Subdivision Name		Section/Phase/Lot#
Directions to Site:		Lot Size	

Existing Water Supply 🗆 Spring 🗅 Single-Family Well 📄 Shared Well 🗆 Regulated Facility Well (.1700 Rules) 🗆 Community/Public Water

□ I am applying for a NEW Private Drinking Water Well □ I am applying for a REPAIR of a Private Drinking Water Well Type of well: Bored Drilled Dug Driven N/A	Please Select Type of Private Drinking Water Well Single Family PDW Well (Serving One Home) Shared PDW Well (serving more than 1 home) PDW for Regulated Facility (i.e. Restaurant)(SA NCAC 18A .1700 Rules) Irrigation Only: # of Occupants	
□ I am applying for ABANDONMENT of Private Drinking Water Well	Comments:	
□ I am applying for a CHANGE in Well Location		
□ My Existing Water Supply is Dry		
Well Type of well: Bored Type of well: Drilled Dug Driven N/A I am applying for ABANDONMENT of Private Drinking Water Well I am applying for a CHANGE in Well Location	 PDW for Regulated Facility (i.e. Restaurant)(SA NCAC 18A .1700 Rules) Irrigation Only:	



Phone: (828) 694-6060 Fax: (828) 697-4523 www.hendersoncountync.gov/health

PLEASE SELECT ALL THAT APPLY:

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation and <u>INDICATE IT ON THE SITE</u> <u>PLAN</u>.

□Yes □No	Does the Site contain any existing wastewater systems?
□Yes □No	Is the site subject to approval by any other public agency?
□Yes □No	Are there any easements or right of ways on this property?
□Yes □No	Are there any known landfills within 500 feet or waste storage within 100 feet of this property?
□Yes □No	Are there any wells, springs, or water lines on this property?
□Yes □No	Is the site within a floodway or floodplain?
□Yes □No	Does this site contain any fertilizer, pesticide, herbicide, other chemical storage, or petroleum fuel storage?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

IF THE INFORMATION IN THE APPLICATION FOR A WELL IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE WELL IMPROVEMENTS PERMIT SHALL BECOME INVALID.

Note: Issuance of permit by Henderson County Environmental Health does not guarantee or imply approval of future permit applications by this or any other agency.

Please provide a valid email address

Property owner's or owner's legal representative** signature (required) **Must provide documentation to support claim as owner's legal representative. Date

Henderson County Department of Environmental Health Site Plan Form

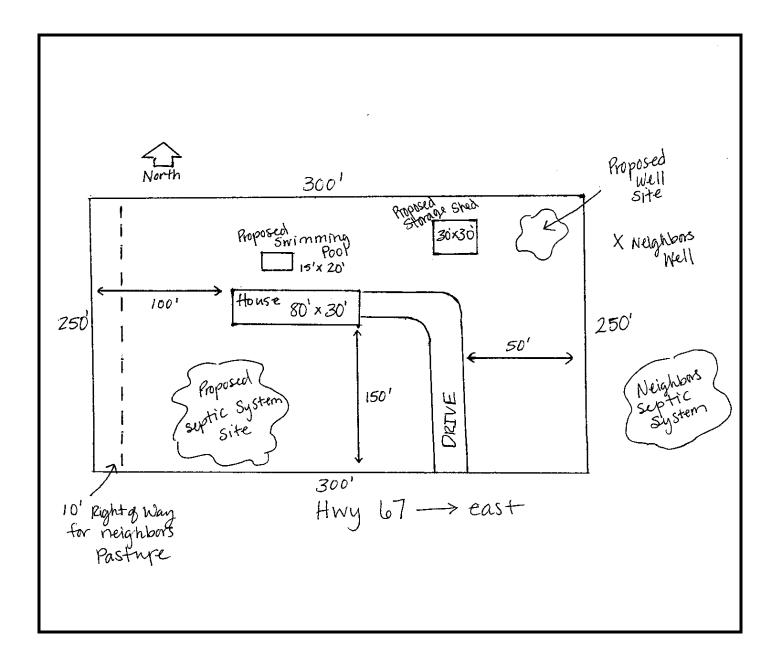
Instructions to Applicant: A site evaluation will not be scheduled until a site plan is sufficiently completed. Please provide a site plan as close to scale as possible that also includes:

1. The proposed lot showing all existing or proposed property lines with dimensions (measurements must be included) and presentation to proposed streets and roads. 2. Indicate the location of the proposed home, facility or building including decks, walkways, garages, driveways, pools or other structures showing dimensions in relation to each other and/or setbacks from property lines and the site for the proposed wastewater system. 3. Locate ALL wells, including dimensions from property lines and/or buildings. both existing and proposed, including those on adjacent properties if known. 4. All surface water including springs, creeks, ponds, rivers etc. must be shown. 5. The site plan or plat shall also include information on any existing or proposed easement, encroachment agreement or right of way for property (access easement, utility easement, road or electrical right of way.) 6. For well applicants, include location of existing or proposed chemical or petroleum storage tanks above or below ground.

Site Plan for: (Address) (Owner Name)

I hereby agree that the information shown is correct to the best of my knowledge.

EXAMPLE SITE PLAN



If you have questions or need clarification about how to complete your site plan, please call us at 828-694-6060

Required Steps for New Well Permit Applications

Name of Applicant _______Site Address or REID #

Please initial each step below *after* each step has been complete. By initialing you are confirming that each step has been completed.

NOT HAVING THE ITEMS BELOW COMPLETE WHEN THE INSPECTOR ARRIVES WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT

- 1. The proposed well site has been clearly marked/flagged and is clear of underbrush. INITIAL: ______
- 2. The septic tank has been marked/flagged. INITIAL: _____
- 3. Lot lines have been clearly marked and corner pins located (Survey Pins). INITIAL: _____
- 4. Proposed house corners are marked and encompass the entire footprint of the structure including decks, garages, or other structures. INITIAL: _____
- 5. All rights-of-ways (if they exist) have been marked that are in the well area (overhead power lines and drives leading to adjacent lots). INITIAL: _____
- 6. Property has been posted by sign or other method. If needed, placards can be obtained from Henderson County Department of Public Health. INITIAL: _____

NOT HAVING THE ABOVE ITEMS COMPLETE WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT

WHEN ITEMS ABOVE ARE COMPLETE PLEASE SUBMIT USING ONE OF THE FOLLOWING OPTIONS:

- Upload to online portal
- Call office at: (828) 694-6060 or (828) 694-6043
- EMAIL FORM TO: HCDPH_EnvHealth@hendersoncountync.gov
- Fax to (828) 697-4523

Thank you!

Date received by ENV Health:

Permit Number:



Ι,	(NAME OF OWNER – Print)

do authorize	(NAME OF APPLICANT – Pri	int)
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to act as my agent in obtaining the septic and/or well permit(s) from the

Henderson County Department of Public Health.

Address/Pin Number of Property: ______

Signed: _____

Date:	

NOTE: All blanks must be filled in or this form will <u>not</u> be accepted.

SITE FOR HEALTH DEPARTMENT EVALUATION

SUBDIVISION NAME

ADDRESS

LOT NUMBER

NAME OF OWNER/AGENT

INSTRUCTIONS:

PLEASE POST THIS CARD ON THE LOT TO BE EVALUATED, IN A LOCATION THAT IS READILY VISIBLE FROM THE ROAD. LOCATE AND CLEARLY FLAG SURVEY CORNERS OR PROPOSED CORNERS OF LOT TO BE EVALUATED.