



Madison County Health Department  
Environmental Health

493 Medical Park Drive, Marshall, NC. 28753  
Telephone: 828-649-9598 Fax: 828-649-9370

In order to process your Well Application you will need to provide Property Identification Number (PIN) on the application. If you do not have access to this information please contact the Tax office at (828-649-3014).

Address: 5707 US-25, Marshall, NC. 28753

Thank You

Environmental Department



MADISON COUNTY HEALTH DEPARTMENT  
 ENVIRONMENTAL HEALTH  
 493 Medical Park Drive, Marshall, NC 28753  
 Telephone: 828-649-9598 Fax: 828-649-9370  
[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

**WELL APPLICATION**

Office use only CDP# \_\_\_\_\_ Well# \_\_\_\_\_

|                                  |   |
|----------------------------------|---|
| \$315.00<br>No Charge<br>\$50.00 | <input type="checkbox"/> New Well Construction Permit<br><input type="checkbox"/> Well Repair/Abandonment Permit<br><input type="checkbox"/> Re-Visit Fee |
|----------------------------------|---|

|                 |  |
|-----------------|--|
| Applicant Name: | Property Identification Number (Map#): |
|-----------------|--|

|                          |                  |
|--------------------------|------------------|
| Current Mailing Address: | Well Contractor: |
|--------------------------|------------------|

|             |             |             |                         |
|-------------|-------------|-------------|-------------------------|
| Home Phone: | Work Phone: | Cell Phone: | Property Owner's Phone: |
|-------------|-------------|-------------|-------------------------|

|                        |                  |
|------------------------|------------------|
| Property Owner's Name: | Mailing Address: |
|------------------------|------------------|

|                   |                                  |
|-------------------|----------------------------------|
| Property Address: | (Subdivision/Section/Lot Number) |
|-------------------|----------------------------------|

Property Location/Directions to Site: \_\_\_\_\_  
 \_\_\_\_\_

**WELL INFORMATION:**  
 \_\_\_\_\_ residential \_\_\_\_\_ commercial \_\_\_\_\_ irrigation \_\_\_\_\_ other  
 single or multi-family type (restaurant, church, etc) care home, etc

New construction \_\_\_\_\_ Existing Dwelling \_\_\_\_\_ Property Acreage \_\_\_\_\_

Type of sewage disposal \_\_\_\_\_ # of connections to well \_\_\_\_\_

List any existing water supplies on property \_\_\_\_\_

- The issuance of a Well Construction Authorization Permit by the Health Department in no way guarantees sufficient yield or potable water. It merely shows potential sources of contamination and setback requirements.
- The Permit is subject to revocation if the site plan or intended use changes.
- It is the responsibility of the owner or requester to disclose information on all potential sources of contamination. The Environmental Health Specialist or the Madison County Health Department does not assume liability for unknown or undisclosed sources of contamination.
- The fee is NON-REFUNDABLE once the property is visited by an Environmental Health Specialist or 1 year after the date of application (**Application date is the date payment is received**).

**I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and given in good faith. Representatives of the Madison County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit. I understand that once the Permit is issued, it is valid for sixty (60) months.**

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MADISON COUNTY HEALTH DEPARTMENT**  
**Instructions/Checklist for Applicant**

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In order to make the best use of your time and to assist the staff in completing applications quickly we ask that the items provided below be completed prior to the scheduled visit. By completing these items it reduces the time on site and the need for return visits. We appreciate your assistance and cooperation.

1. \_\_\_\_ I have completed the “Application for New Well Permit/Construction Authorization” including the site plan.
2. \_\_\_\_ I have provided a scaled map of the property (tax map) or a survey plat.

**If you are unable to provide an accurate plat or tax map please go to the Tax Department located at the Courthouse Annex, 5707 US Highway 25/70 Unit E, Marshall, NC 28753.**

3. \_\_\_\_ I have marked all easements, right of way areas, property corners and boundaries.
4. \_\_\_\_ I have located all sewage systems (including areas designated for future repair), chemical or petroleum storage tanks, wells, springs, surface water and any other potential sources of contamination on the property or within 100’ of the proposed well area.

**All property corners, lines/boundaries must be clearly marked or otherwise identified. It is recommended that visible flagging be used every 50 feet where property lines are within 100’ of the proposed building site.**

5. \_\_\_\_ Owner or well company representative has staked the proposed well site in the exact location on the site.

**All proposed structures, including decks, porches, garages, etc. must be marked out on the site. The Environmental Health Specialist must be able to identify these proposed structures before site evaluation can be performed.**

6. \_\_\_\_ I have staked off the location of any proposed structures and driveways.
7. \_\_\_\_ I have cleared the area of undergrowth to the point that the property is accessible.

**PLEASE NOTE:**

The Applicant must notify the Madison County Health Department – Division of Environmental Health if any of the following occur prior to well construction:

1. There is a relocation of the residence or business;
2. There is a change of intended use of a structure of building;
3. There is a need for installing the septic system in an area other than indicated on the well permit; or
4. There are landscape changes that affect site drainage.

**The above mentioned areas must be flagged or marked out on the lot prior to the site visit.**

**MADISON COUNTY HEALTH DEPARTMENT**

**Site Plan**

**(see page 4 for example)**

The Applicant must submit a Site Plan. This is a map or drawing of the property and must show:

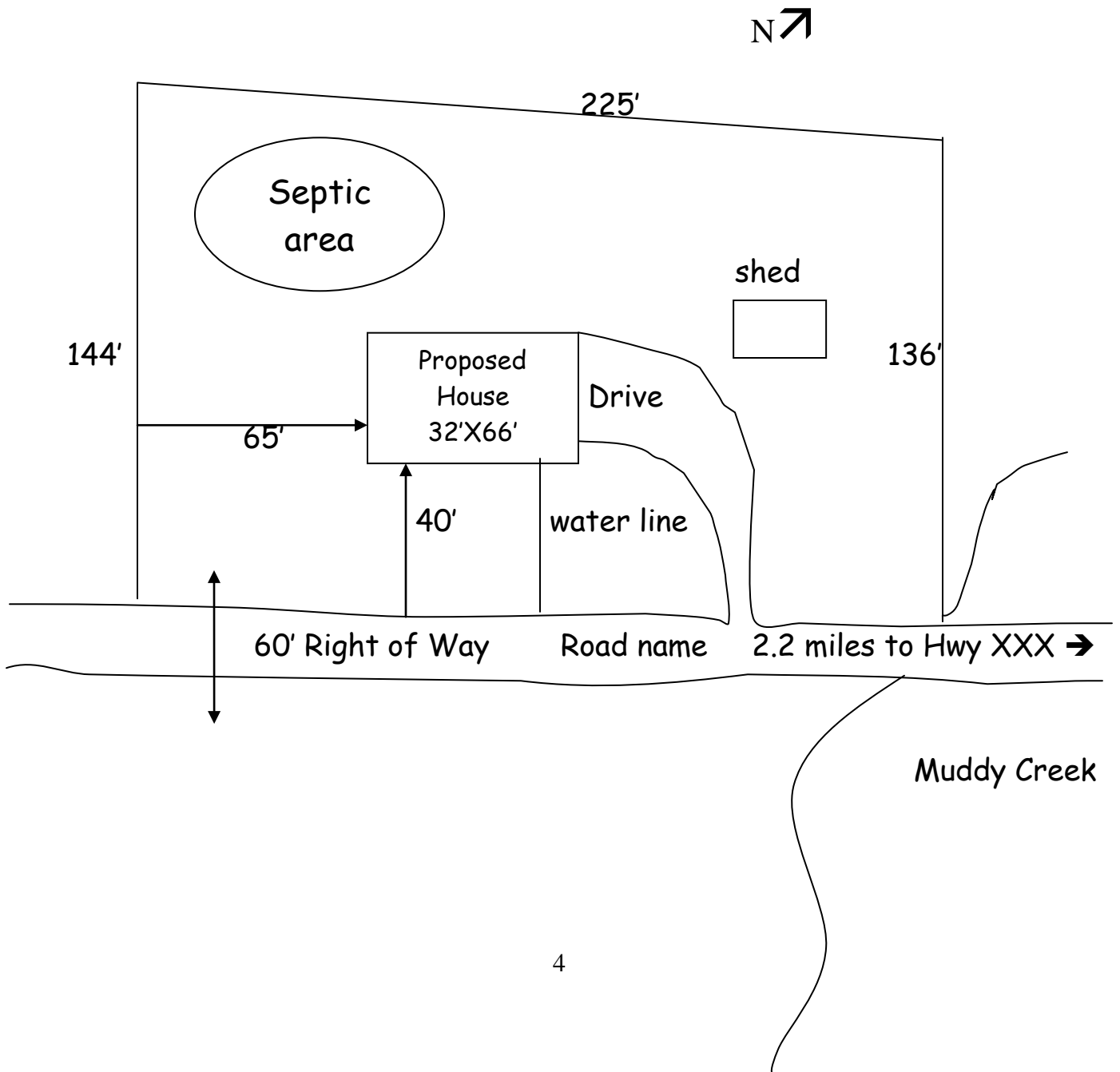
1. existing and proposed property lines and easements with dimensions;
2. the location of any structures;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. any other known sources of contamination within 2000 feet of the proposed well. If there are known sources of contamination within 2000 feet of your proposed well it will be necessary for you to obtain permission from the NC Department of Environment and Natural Resources to construct a well on your property.



MADISON COUNTY HEALTH DEPARTMENT  
Sample Site Plan

### Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (828) 649-9598.



**MADISON COUNTY HEALTH DEPARTMENT  
Information for Applicant**

When you complete your Application for a Well Construction Permit, a representative from this office will:

1. Meet with the certified well contractor of your choice and issue a Well Construction Permit;
2. Perform a grouting inspection at the request of the well contractor when the contractor has set the casing; and
3. Perform a final well head inspection and obtain a water sample from the well.

It is your responsibility to notify this office at 828-649-9598 between 7:30-8:30 am, weekdays when the pump has been installed so that we can provide the final well head inspection and obtain a sample of the water. If you do not notify this office, we will place your well on HOLD with County Building Inspections and will not release a Certificate of Completion until we have performed a final inspection.

This may complicate a loan closing or your ability to have permanent power hook-up, delaying moving into your new home. Please notify us immediately after the pump has been installed and the well head sealed off so that we can perform the final inspection.

**THIS APPLIES TO NEW CONSTRUCTION WITH A NEW WELL AS WATER SUPPLY. EXISTING HOMES WITH A NEW WELL SHOULD ALSO CALL FOR A FINAL INSPECTION AND WELL WATER TEST BUT THE WELL CANNOT BE PLACED ON HOLD WITH BUILDING INSPECTIONS.**

**Minimum Separation Distances From Wells**

These minimum separation distances are the **most commonly used** in planning for a home or small business. If there are specific questions or unusual situations on your proposed or existing building lot, check with the Environmental Health Specialist for clarification.

- |  |          |
|--|----------|
| 1. Septic tanks, drainfields and repair areas  | 100 feet |
| 2. Water-tight sewage or liquid-waste collection or transfer facility                  | 50 feet  |
| 3. Building foundations, excluding the foundation of a structure housing the well head | 25 feet  |
| 4. Surface water bodies  | 50 feet  |
| 5. Chemical or petroleum fuel storage tanks regulated under NC DENR 15A NCAC 2N        |          |
| A. with secondary containment  | 50 feet  |
| B. without secondary containment   | 100 feet |
| 6. Swimming pools  |          |
| A. above ground  | 5 feet   |
| B. below ground  | 15 feet  |
| 7. Any property lines including easements and rights of way                            | 1 foot   |
| 8. Any other sources of groundwater contamination                                      | 100 feet |