



# Madison County Health Department Environmental Health

◇ 5707 US Hwy 25/70, Suite 26 ◇ Marshall, NC 28753 ◇  
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

Tammy Cody, MHS  
Health Director

Well # \_\_\_\_\_

Melissa Robertson, MD  
Medical Director

Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Invoice # \_\_\_\_\_

## Application for Well Permit

### APPLICANT INFORMATION

Applicant Address (street, city, state, zip) Phone

Owner Address (street, city, state, zip) Phone

Email Address: \_\_\_\_\_

PROPERTY INFORMATION PIN# \_\_\_\_\_ Acreage/Lot Size: \_\_\_\_\_

Date current parcel was originally deeded & recorded (date since last property line change – not change in ownership): \_\_\_\_\_

Property Address/City/Zip Subdivision Name/Lot #/Phase Gate Code

**Water Supply:** Are there any existing wells, springs, or existing waterlines on this property?  Yes  No  
 New Well  Existing Well  Shared Well  Public Well  Municipal  Spring

**Well Driller Contact Information:** \_\_\_\_\_

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", the application must attach supporting documentation.

- Yes  No Does the site contain any jurisdictional wetlands?
- Yes  No Does the site contain any existing wastewater systems?
- Yes  No Is any wastewater going to be generated on the site other than domestic sewage?
- Yes  No Is the site subject to approval by any other public agency?
- Yes  No Are there any easements or rights of way on this property?
- Yes  No Are there any current or pending restrictions regarding groundwater use?
- Yes  No Are there any variances regarding well construction or location?

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.

**Application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) months, the application is void and the fee is non-refundable.**

Date: \_\_\_\_\_

Property owner's or Owner's Legal Representative \* Signature (required) \* Must provide documentation to support claim as owners legal representative.



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### Site Plan Form

**Instructions To Applicant:** The Environmental Health Specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged with dimensions.

**\*\* SEE REVERSE FOR EXAMPLE OF COMPLETED SITE PLAN FORM \*\***

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.**

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

\_\_\_\_\_ Date \_\_\_\_\_  
Property owner's or Owner's Legal Agent Representative (Signature Required)  
Must provide documentation to support claim as owner's legal representative.



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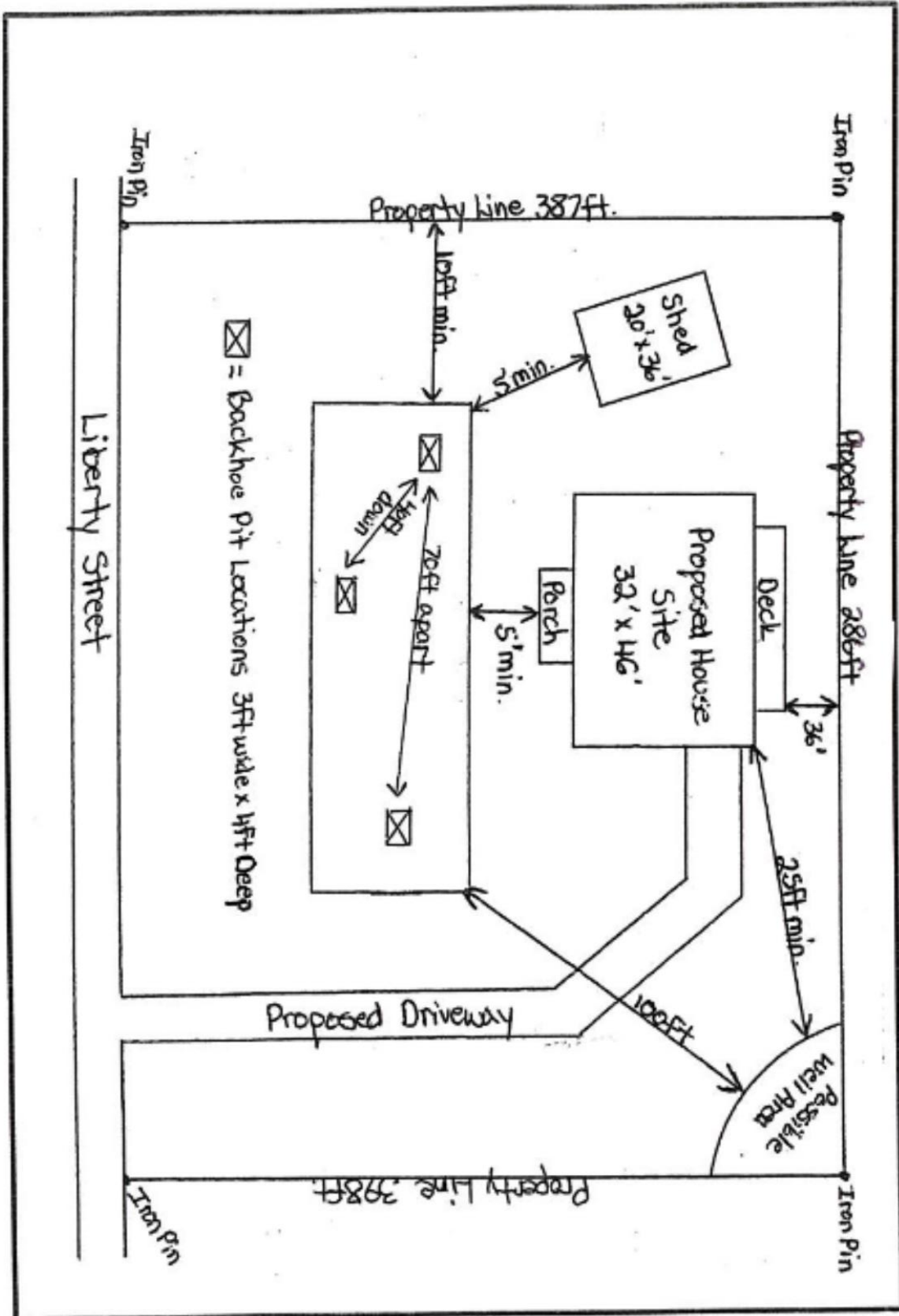
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### Well Head Completion Guide

Per North Carolina General Statute 87-98.4 b(2), a person may install a pump on a well that is located on land owned or leased by that person. **If you choose to install your own pump, be aware that you are responsible for the following:**

**An identification plate showing: The name of the pump installer, the date the pump was installed, the depth of the pump, and the pumps horsepower rating. The plate must be securely attached to either the aboveground portion of the well casing, surface grout pad or the enclosure floor if present. The identification plate shall be constructed of a durable waterproof, rustproof metal or equivalent material.**

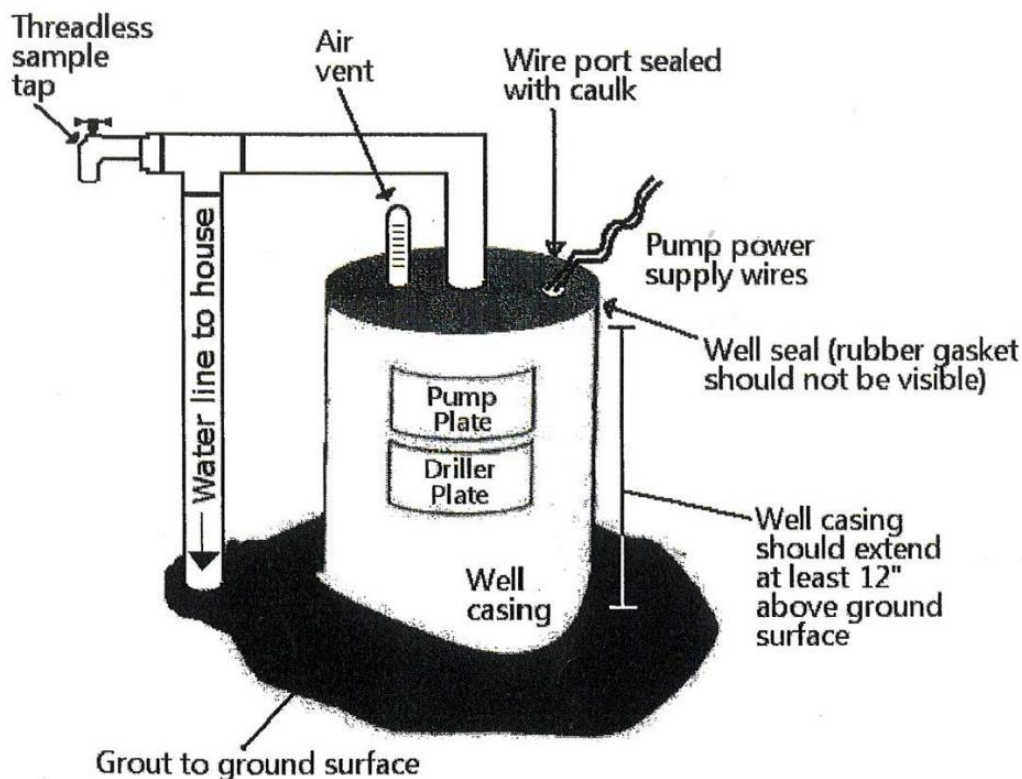
**The well shall be vented at the well head to allow for pressure changes within the well ... Any vent pipe or tube shall be screened or otherwise designed to prevent the entrance of insects or other foreign materials.**

**A threadless hose bibb shall be installed at the well head by the person installing the pump. If the wellhead is also equipped with a threaded hose bibb in addition to the threadless sampling tap, the hose bibb shall be fitted with a backflow preventer or vacuum breaker. The threadless sampling tap must be turned downward, located a minimum of 12 inches above land surface, floor, or well pad, and positioned such that a water sample can be obtained without interference from any part of the wellhead.**

**All openings for piping, wiring, and vents shall enter into the well at least 12 inches above land surface...and shall be adequately sealed to preclude the entrance of contaminants into the well. The opening where pump wires pass through the well head is typically sealed with caulk. The rope attached to the pump should pass through the same opening as the pump wiring; do not bring the rope through the threaded opening meant for the well vent.**

**The well seal should be flush with the top of the casing; the rubber gasket on the seal should not be visible.**

If someone other than the property owner or lessee installs the pump or performs any other activity that breaks the well seal, that person **MUST** be a licensed driller or licensed pump installer. Your well head must meet all of the above requirements before we can collect your water samples or issue a certificate of completion. Please contact your local health department when your wellhead is completed and ready for inspection.





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## Instructions for Applicant

In order to make the best use of your time and assist the staff in completing applications quickly we ask that the items provided below be completed prior to visit. By completing these items it reduces the time on site and the need for return visits. We appreciate your cooperation. **\*\*Please be advised that a revisit fee may be assessed if a site visit is made and items are not completed. The fee will be based on the current fee schedule.**

1. \_\_\_ I have completed the "Application for Well Permit."
2. \_\_\_ I have provided a survey or plat of the property.
3. \_\_\_ I have marked all property corners and boundaries.  
***\*\* Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.***
4. \_\_\_ I have located all wells, springs, and surface waters on the property or within 50' of the property.
5. \_\_\_ I have completed the Site Plan Form, showing all property lines, proposed structures, wells and springs and other water supplies, septic systems (including neighboring septic systems), that is drawn as closely to scale as possible.
6. \_\_\_ I have staked the location(s) of the proposed well in their exact locations on the site.  
***\*\* Note: : Wells must be at least 25' from any structure, and the maximum feasible distance from any septic system, but in no case less than 50'. A shared well must be at least 100' from any septic system.***
7. \_\_\_ I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
8. \_\_\_ I understand that if the above items are **not completed**, and a site visit is made, **I may be assessed a revisit fee.**

I agree to complete the requirements listed above in preparation for a well site evaluation prior to scheduling an appointment. A well permit is valid for 60 months from the date of issuance.

Your application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) twelve months, the application is void and the fee is non-refundable. Within the twelve months, you may request refund for the application fee, via a written request or email. If the fee payment cannot be verified by our records, you must provide an original receipt.

Applications and application fee payments may not be transferred, sold, or assigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Detailed directions to property from the Health Department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_