



Madison County Health Department

◇ 5707 US HWY 25/70, Suite 26 ◇ Marshall, NC 28753

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇ Envhealth@madisoncountyncgov

Permit # _____ Fee _____ Invoice # _____

Application for Well Permit

APPLICANT INFORMATION

Applicant _____ Address _____ Phone _____

Owner _____ Address _____ 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

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.

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.

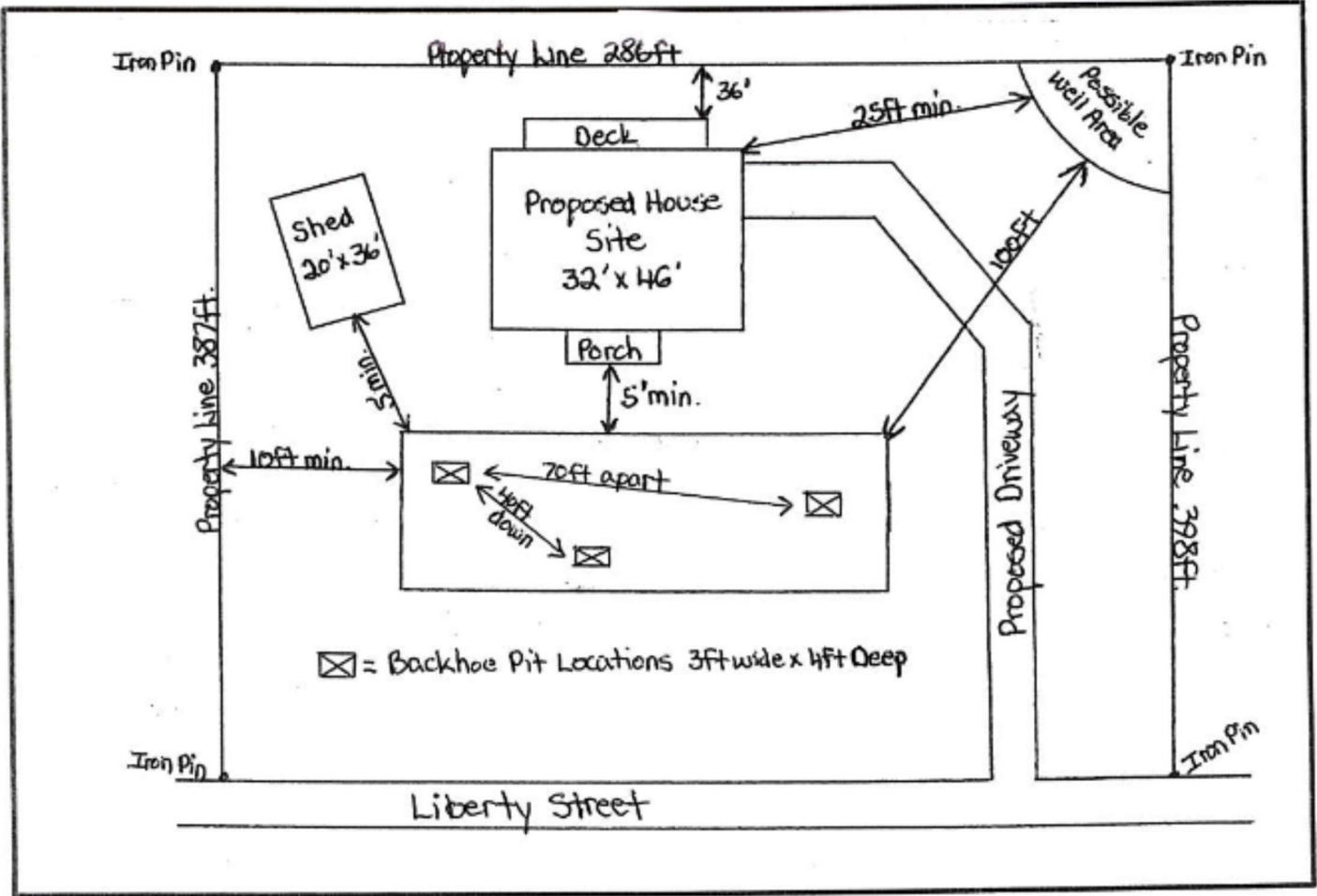
**** SEE REVERSE FOR EXAMPLE OF COMPLETED SITE PLAN FORM ****



IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVMENT 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 owners legal representative.



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 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, including neighboring septic systems and water supplies, 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 **no** grading shall be performed before issuance of permit.
9. ___ I have dug backhoe pits as described on the site plan example.
10. ___ 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 in writing a refund for the application fee. 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:

