



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

Tammy Cody, MHS
Health Director

Melissa Robertson, MD
Medical Director

Permit # _____ Fee _____ Invoice # _____

Application for Well Repair 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
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Well Type: Drilled; Bored; Hand Dug

Water Supply: New Well; Existing Well; Shared Well; Public Well; Municipal; Spring

Well Driller Contact Information: _____

1. Whose name was the original well/septic permit issued under? _____

2. When was the well installed? Year? _____

3. Was the well constructed with a variance? Y; N

4. How long has the well been having problems? All the time, When it rains, When used a lot, Other: _____

5. Has the well ever been repaired? Y; N What was repaired? _____

Whose name is on the repair permit? _____

Who repaired the Well? _____

6. Where is your well located? _____

7. Are there any neighboring wells, springs, or underground storage tanks nearby? Y; N - How close (ft)? _____

8. Is the septic system entirely on the current property? Y; N; Unknown

9. Where is the septic system for the property located? _____

10. Do you have any filters or softeners on the well system? Sediment; Charcoal; Softener; Other _____

11. Do any of your plumbing fixtures have stains on them? Y; N Color? _____

What Fixtures? (i.e. sink, washer, tub, toilet) _____

12. Has your water ever been tested? Y; N For What? _____

13. Please draw the property to the best of your ability on the back of this sheet. Be sure to show houses, buildings, mobile homes, proposed buildings or mobile homes, water supplies, streams, roads, drives, property lines, existing septic tank locations, and any other pertinent structures or features.

Date: _____

Property owner's or Owner's Legal Representative * Signature (required) *

You must provide documentation to support claim as owner's legal representative.



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Site Sketch