



**Madison County Health Department**

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

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

**Application for Well Repair 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 \_\_\_\_\_

**Well Type:**  Drilled  Bored  Hand Dug

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

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) \* Must provide documentation to support claim as owners legal representative.**

