

APPLICATION FOR WELL PERMIT

Haywood County Health Department - Environmental Health Section
 157 Paragon Pkwy Suite 200 Clyde, NC 28721
 Phone 828-452-6682 / Fax 828-452-6791

APPLICATION TYPE (Check all that apply)

- New Well Repair Existing Well
 Replacing Dry Spring / Dry Well / Inoperable Spring / Inoperable Well (Circle Any that Apply)

OWNER/APPLICANT INFO

Property Owner: Phone:
 Mailing Address:

Permit Requested by: Phone:
 Mailing Address:

SITE INFO

Subd. Name: Section: Lot #:
 Gate Access Code (if applicable):

Directions to Property:

- | | | |
|---|------------------------------|-----------------------------|
| Are there any existing wells within 500 feet of the proposed well? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any existing structures and/or septic systems on this property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there septic records available for this and any adjacent property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any existing underground utility lines on the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any existing or planned easements or right-of-ways? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any test borings within 500 feet of proposed well or well system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this well intended for use by multiple homes (ie a shared well)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you plan to use the well for commercial purposes now or in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Examples may include residential care, day care, bed and breakfast or home-based commercial kitchen)

Are there any other known possible sources of groundwater contamination on or adjacent to the site?
 (Common examples are listed below -- if answer yes circle all that apply)

- | | | |
|---|------------------------------|-----------------------------|
| Animal Barns, Feedlots, Manure Piles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cesspools, Privies, neighboring Septic Systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fertilizer, Pesticide, Herbicide or other chemical storage areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gravesites? Landfills of any sort? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surface Water Bodies (Springs, Streams, Rivers, Ponds/Lakes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Underground Storage Tanks (Chemical, Petroleum, Other)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Possible Sources of groundwater contamination not listed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I have read this application and certify that the information provided herein is true, complete and correct. It is the responsibility of the owner or requester to disclose information on all potential sources of contamination. The EHS or the Haywood County Health Dept does not assume liability for unknown or undisclosed sources of contamination. If the information in this application falsified, changed, or the site is altered, the permit may become invalid at the discretion of the Haywood County Health Dept. Authorized state and county 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 clearing, proper identification and labelling/markings of all property lines and corners as well as any proposed changes to the property (including structures).

Owner/Agent Signature: _____

Upon approval permit is valid for 60 months or 5 years. Paid Receipt

