

# Alexander County Health Department Application for Well Permit

Alexander County Environmental Health  
151 West Main Ave. Suite # 6 Taylorsville, NC 28681  
(828) 632-1000 ext. 2

Fee:  
Receipt:  
Date:  
Received by:

Property/Parcel # \_\_\_\_\_

**IF THE INFORMATION IN THE APPLICATION FOR A WELL CONSTRUCTION PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE WELL CONSTRUCTION PERMIT SHALL BECOME INVALID.**

## **Applicant Information**

_____ Applicant	_____ Address	_____ Home/Cell/Work Phone
_____ Owner	_____ Address	_____ Home/Cell/Work Phone

## **Property Information**

_____ Street Address	_____ Subdivision Name	_____ Section/Phase/Lot #
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Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Well Permit Type:**  New  Repair  Abandonment  Other

## **Intended Use of New Well:**

\_\_\_\_\_  
Residential- Serving one single family dwelling  
\_\_\_\_\_  
Residential- Serving more than one single family dwelling  
\_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
Are there any existing septic systems on this property?  
\_\_\_\_\_  
Are there any easements or right of ways on this property?  
\_\_\_\_\_  
Are there any existing wells, springs or water lines on this property?  
\_\_\_\_\_  
Are there any surface water bodies or designated wetlands on this property?  
\_\_\_\_\_  
Are there any underground chemical or petroleum storage tanks on this property?  
\_\_\_\_\_  
Are there any know landfills, waste storage on this property?  
\_\_\_\_\_  
Is there any know underground contamination on this property?  
\_\_\_\_\_  
Are there any known fields on or adjacent that are used for industrial, municipal sludge spreading or wastewater-irrigation sites?  
\_\_\_\_\_  
Any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)?  
\_\_\_\_\_  
Any variances regarding well construction or location issued under 15NCAC 02C.0118?

## **PLEASE ATTACH A SITE SKETCH OF YOUR PROPERTY**

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 the 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 field investigation can be preformed.

\_\_\_\_\_  
Property Owner or owner's legal representative signature  
(Must provide documentation to support claim as owner's legal representative)

\_\_\_\_\_  
Date

**APPLICATION VALID FOR 6 MONTHS FROM DATE PAID**

Revised 4/12/2019