

--OFFICE USE ONLY--

Well Application #:

022-

Clay County Health Department
Environmental Health Division
P.O. Box 55 Hayesville, NC 28904
Phone: 828-389-8326 Fax: 828-389-9875

--OFFICE USE ONLY--

Date Application Received: _____

Amount Paid: _____

\$ _____

Receipt #: _____

Private Drinking Water Well Application

- **PLEASE NOTE:** IF THE INFORMATION IN THE APPLICATION FOR A PRIVATE DRINKING WATER WELL IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE PENDING WELL PERMIT SHALL BECOME SUBJECT TO REVOCATION AND/OR BECOME INVALID.
- **PENDING APPROVAL:** The well permit is valid for a period of 60 months (5 years) from the date of issuance.

APPLICANT INFORMATION: (please print legibly)

Applicant: _____ Cell _____

Mailing Address _____ Home/Work _____

Email: _____ Fax _____

Owner of Property (☐ Same as Applicant): _____ Phone _____

Mailing Address _____ Email _____

PROPERTY INFORMATION: Road/Street/911 Address: _____ Parcel ID # _____

Subdivision Name _____ Section/Phase/Lot# _____ Date Originally Deeded & Recorded _____

Lot Size: _____ (acres) Directions to site: _____

Gate Code: _____ Note: If accessed by Locked Gate-code/key required (**no exceptions**).

CERTIFIED WELL CONTRACTOR (if applicable): _____

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

☐ New Well Construction ☐ Existing Well is Dry

☐ Repair of an Existing Well (drilling deeper, casing repairs, liners, hydrofracturing, etc.)

-- Explain: _____

☐ Variance of an Existing Well ☐ Abandonment of an Existing Well

-- Please note: additional paper work is required.

INTENDED USE OF PROPOSED/EXISTING WELL:

☐ Single Family Home/Residence (existing or proposed well serves one home)

☐ Shared Well (existing or proposed well serves two or more homes) Number of Homes: _____

☐ Well proposed to serve Non-residential/Commercial Establishment (IE: office, church, retail store, restaurant, etc.)

-- Explain: _____

☐ Other (explain): _____

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- ☐ Yes ☐ No Does this property and/or well have any current or pending restrictions regarding groundwater use as specified in G.S. 87-88 (a) and/or variances regarding well construction or location issued under 15A NCAC 02C.0118. (If yes, supporting documentation shall be required)
- ☐ Yes ☐ No Are there any septic systems been installed or permitted on the property? If yes, please provide copies of septic permits applicable to this site.
- ☐ Yes ☐ No Are there any easements or right of ways on this property?
- ☐ Yes ☐ No Are there any surface water bodies or designated wetlands on this property?
- ☐ Yes ☐ No Are there any existing wells, springs, or water lines on this property?
- ☐ Yes ☐ No Are there any below ground chemical or petroleum storage tanks on this property?
- ☐ Yes ☐ No Are there any known landfills or waste storage on this property?
- ☐ Yes ☐ No Clay County Environmental Health site plan worksheet attached?
- ☐ Yes ☐ No Well Contractor or property owner submitted their own site plan with information required and approved?
- ☐ Yes ☐ No Any known releases of contamination on the property?

If checked "Yes" please explain: _____

- ☐ **ALL UNDERGROUND UTILITIES (POWER, PHONE, CABLE, INTERNET, WATER LINES, ETC) SHALL BE MARKED ON PROPERTY PRIOR TO SITE EVALUATION.**

Please Note: It is the responsibility of the well applicant (well contractor and/or property owner) to provide the necessary proof of property lines and septic system location (tank and drain field). Our office will not issue a well construction or well repair permit without the property owner verifying the location of the property lines and septic system.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted the 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, corners, and making the site accessible so that a complete site evaluation can be performed. Failure to do so may result in additional fees or denial. The issuance of this permit shall not be construed as a guarantee of sufficient yield of potable water.

Please print name

Property Owner's or Agents signature (required)

Date

COMPLETE ATTACHED SITE PLAN

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Private Drinking Water Well Application Continued:

Please provide the following information on the site plan and on the property:

Location of property lines, site characteristics, such as existing and/or permitted septic systems, easements, right of ways, existing wells, springs, surface water, designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristic or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction.

Please check all that applies:

- ☐ If well & onsite wastewater applications are applied for at the same time, only one site plan is required.
- ☐ Attached valid IP/CA (within past 5 years) and/or OP may be used as part of site plan pending office approval.
- ☐ Other (well contractor and/or property owner submitted their own site plan and approved).

Site Plan