

APPLICATION FOR WELL PERMIT

Haywood County Health & Human Services Agency - Environmental Health Section
157 Paragon Pkwy Suite 200 Clyde, NC 28721
Phone: 828-452-6682 / Email: eh@haywoodcountync.gov

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: _____ Email: _____

Permit Requested by: _____ Phone: _____
Mailing Address: _____

SITE INFO

Subd. Name: _____ Section: _____ Lot #: _____
Gate Access Code (if applicable): _____
Property Identification Number (P.I.N.) _____
Property Address: _____
Directions to Property: _____

- Are there any existing wells within 500 feet of the proposed well? Yes No
- Are there any existing structures and/or septic systems on this property? Yes No
- Are there septic records available for this and any adjacent property? Yes No
- Are there any existing underground utility lines on the property? Yes No
- Are there any existing or planned easements or right-of-ways? Yes No
- Are there any test borings within 500 feet of proposed well or well system? Yes No
- Is this well intended for use by multiple homes (ie a shared well)? Yes No
- Do you plan to use the well for commercial purposes now or in the future? Yes 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? Yes No
- Cesspools, Privies, neighboring Septic Systems? Yes No
- Fertilizer, Pesticide, Herbicide or other chemical storage areas? Yes No
- Gravesites? Landfills of any sort? Yes No
- Surface Water Bodies (Springs, Streams, Rivers, Ponds/Lakes) Yes No
- Underground Storage Tanks (Chemical, Petroleum, Other)? Yes No
- Other Possible Sources of groundwater contamination not listed? Yes 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 Environmental Health Section of the Haywood County Health & Human Services Agency does not assume liability for unknown or undisclosed sources of contamination. If the information in this application is falsified, changed, or the site is altered, the permit may become invalid at the discretion of the Haywood County Health & Human Services Agency. 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 labeling/marketing of all property lines and corners, as well as any proposed changes to the property (including structures).

Owner/Agent Signature: _____ Date: _____

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

Receipt Date _____ Amt. _____ Ck. # _____ Cash Credit Card

Receipt #: _____ Received by: _____