

## APPLICATION FOR ON-SITE WASTEWATER AND WELL PERMITS

Date Received:

CDP File Number:

Special Instructions:

*AppHealthCare Use Only*

*\*If completing electronically, items in blue are hyperlinked to our website for more information\**

### SECTION 1

INITIAL the appropriate line(s):

_____ NEW SEPTIC SYSTEM ( <input type="checkbox"/> Improvement Permit and <input type="checkbox"/> Construction Authorization)	
_____ CONSTRUCTION AUTHORIZATION (Improvement Permit previously issued)	
_____ SEPTIC REPAIR PERMIT (see questionnaire)	
_____ EXPANSION OF AN EXISTING SEPTIC SYSTEM	
_____ RELOCATION OF SEPTIC TANK	
_____ CHANGE OF EXISTING PERMIT ( <input type="checkbox"/> Well <input type="checkbox"/> Septic) ( <input type="checkbox"/> Limited <input type="checkbox"/> Comprehensive)	
_____ NEW WELL CONSTRUCTION PERMIT	_____ COMPLIANCE INSPECTION
_____ WELL ABANDONMENT PERMIT	_____ MIGRANT HOUSING INSPECTION
_____ WELL REPAIR PERMIT	_____ NAME CHANGE

### SECTION 2

#### Applicant:

(Potential buyer or property owner):

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Add address of property to directions if different above)

#### Owner of Property:

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### Agent:

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### INFORMATION ON THE PROPERTY TO BE EVALUATED:

Directions to Property: \_\_\_\_\_

\_\_\_\_\_ **Gate Code:** \_\_\_\_\_

Property Size: \_\_\_\_\_ Parcel ID/ PIN: \_\_\_\_\_ County of Property: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Section: \_\_\_\_\_

Date Platted \_\_\_\_\_ (Date property recorded with the county as it currently exists.)

\_\_\_\_\_ YES \_\_\_\_\_ NO Does the site contain any existing wastewater systems? (Show on site plan)

\_\_\_\_\_ YES \_\_\_\_\_ NO Is this property subject to watershed restrictions?

\_\_\_\_\_ YES \_\_\_\_\_ NO Does the site contain any jurisdictional wetlands?

\_\_\_\_\_ YES \_\_\_\_\_ NO Is any wastewater going to be generated on the site other than domestic sewage?

\_\_\_\_\_ YES \_\_\_\_\_ NO Is the site subject to approval by any other public agency?

(If yes, name) \_\_\_\_\_ *Cont. to page 2...*

#### **Alleghany County**

157 Health Services Road  
Sparta, NC 28675  
(336) 372-1888 (fax)  
(336) 372-5641 ext. 1100/1102

#### **Ashe County**

P.O. Box 208  
Jefferson, NC 28640  
(336) 982-3555 (fax)  
(336) 246-3356 ext. 4102

#### **Watauga County**

P.O. Box 307  
Boone, NC 28607  
(828) 264-4997 (fax)  
(828) 264-4995 ext. 3123

\_\_\_\_ YES \_\_\_\_ NO Are there any easements or right of ways on this property?  
(If yes, show on site plan)

**System Type Preference:** (check)

☐ Any ☐ Conventional ☐ Accepted ☐ Innovative ☐ Alternative

**SECTION 3**

**STRUCTURE INFORMATION:**

**Residential Specifications:**

\_\_\_\_ House  
\_\_\_\_ Mobile Home  
\_\_\_\_ Apartments/Townhomes/Duplex  
\_\_\_\_ Garage Apartment  
\_\_\_\_ Business / Other  
\_\_\_\_ Yes \_\_\_\_ No Basement  
\_\_\_\_ Yes \_\_\_\_ No Water Fixtures in Basement

**Number of Bedrooms:** \_\_\_\_

**Max Occupants:** \_\_\_\_

**Special Fixtures:** (Check all that apply) ☐ Garbage Disposal ☐ Oversized Tubs ☐ Multi-head Showers ☐ Multiple Master Bathrooms or Kitchens

**Non-Residential Description and Information:**

\_\_\_\_\_  
\_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Square footage of Commercial Building: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Max # of seats: \_\_\_\_\_

**SECTION 4**

**WATER SUPPLY INFORMATION:**

**Water Supply Information:** (check)

☐ Proposed Well ☐ Spring ☐ Public Water Supply ☐ Existing Well (Year drilled: \_\_\_\_\_)

**Well Contractor and Certification Number** (if known): \_\_\_\_\_

**Well will be used for:**

\_\_\_\_ Single Family Residence/Dwelling (one connection) \_\_\_\_ Other (Describe below)

Other Includes: Multiple Houses/Connections, Business, Restaurant, Daycare, Migrant Housing, etc. Description: \_\_\_\_\_

If different than the property described above, property the drinking water supply is located on.

LOT #: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

Directions to the Water Supply (Address): \_\_\_\_\_

**SHARED WELL INFORMATION:**

What is number of the existing and/or possible future connections to this well? \_\_\_\_\_

List the connections by Lot # and/or Parcel ID #: \_\_\_\_\_

**SECTION 5**

**WELL SITING INFORMATION**

\_\_\_\_ YES \_\_\_\_ NO Is there or are you proposing to place a fuel tank(s) on the property? (Not including propane or natural gas tanks.) Cont. to page 3....

\_\_\_\_ YES \_\_\_\_ NO Is there a fuel tank(s) on the adjacent properties?  
\_\_\_\_ YES \_\_\_\_ NO Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)?  
\_\_\_\_ YES \_\_\_\_ NO Are there any variances regarding well construction or location issued under 15A NCAC 02C .0118?  
\_\_\_\_ YES \_\_\_\_ NO Are there any easements, or right of ways recorded on this property? If yes, attach a copy of the easement and /or right of way documentation.  
\_\_\_\_ YES \_\_\_\_ NO Are there any existing or permitted septic systems, If yes, what year was it installed? \_\_\_\_\_  
and under whose name was it permitted? \_\_\_\_\_

#### **SECTION 6**

#### **WELL ABANDONMENT**

Year the well was drilled: \_\_\_\_\_ Depth of the existing well: \_\_\_\_\_

Casing depth of the existing well: \_\_\_\_\_

Describe why the well is being abandoned: \_\_\_\_\_

Is there any contamination of the water in the well? \_\_\_\_\_

#### **SECTION 7**

#### **COMPLIANCE INFORMATION:**

Reason for compliance and description:

\_\_\_\_\_  
\_\_\_\_\_  
If you have an existing septic system, what year was it installed and under whose name was it permitted? \_\_\_\_\_

#### **SECTION 8**

**Initial that all have been completed.** *(If found not completed, a site revisit fee will be required before continuing with the permitting process and priority will be given to other completed applications.)*

\_\_\_\_ Property corners/lines clearly and correctly identified

\_\_\_\_ Survey plat attached

\_\_\_\_ Proposed structures staked onsite

\_\_\_\_ Proposed well site staked

\_\_\_\_ Holes dug

***THIS APPLICATION AND FEES PAID WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT. AFTER 12 MONTHS THE APPLICATION IS VOID AND THE APPLICATION FEE IS NON-REFUNDABLE.***

**All Health Department permits are subject to suspension or revocation if the site or the intended use changes or is altered; or the application is falsified or changed. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; complete plat = without expiration)**

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 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 site evaluation can be performed.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

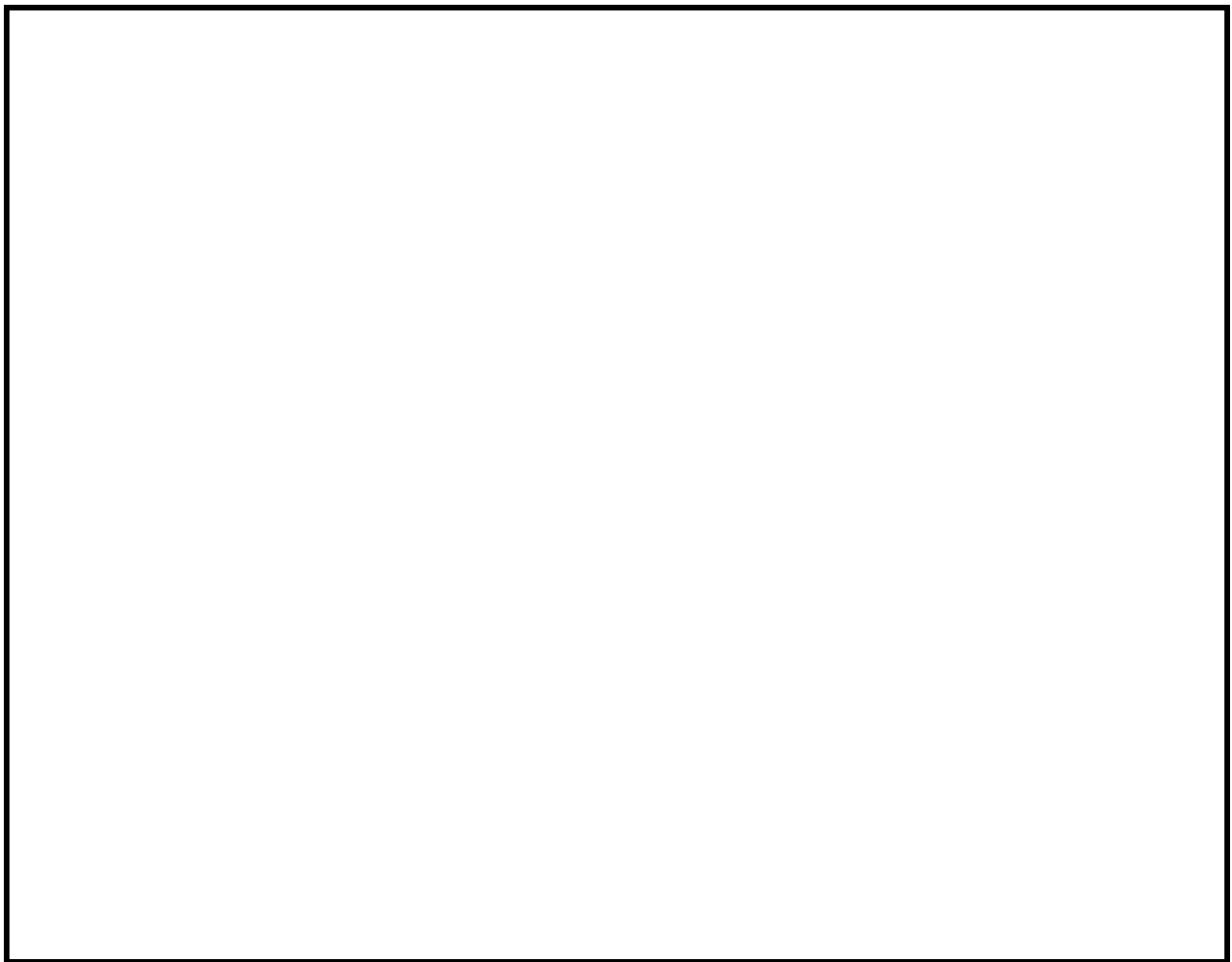
\_\_\_\_\_  
**DATE**

**Show on the site plan for:**

- **Well application:** Easements, right of ways, all property boundaries, at least one of which is referenced to a minimum of two landmarks such as identified roads, intersections, streams or lakes within 500 feet of proposed well or well system; all existing wells, identified by type of use, within 500 feet of proposed well or well system; the proposed well or well system; any test borings within 500 feet of proposed well or well system; and all sources of known or potential groundwater contamination (such as septic tank systems; pesticide, chemical or fuel storage areas; animal feedlots, as defined by G.S. 143-215.10B(5); landfills or other waste disposal areas) within 500 feet of the proposed well.
- **Septic application:** Structures (existing and proposed), distances to structures from fixed points, water supply source(well or spring head), driveway(existing and/or proposed), property corners and lines, septic systems (proposed and/or existing), all existing water lines, wells within 100' of property, all surface water (springs, streams, ponds...), all right of ways (electric, water, road, etc...), any easements, and subsurface drains.
- **Compliance application:** Existing structures, existing and proposed grading and roads, proposed structure with measurements, well location, property lines, and septic tank and drainfield location.

**SITE PLAN** (*see example*)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



**OWNER / AGENT AUTHORIZATION FORM**

**PROPERTY TO BE EVALUATED**

*(Must fill out completely)*

Owner of Property: \_\_\_\_\_ Parcel ID / PIN #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Section #: \_\_\_\_\_

---

**PROPERTY OWNER'S AUTHORIZATION FOR APPLICANT** *(Potential Buyer)*

I, \_\_\_\_\_ *(name of property owner)*, being the owner or the legal representative of the business which owns the property specifically described above, do hereby authorize \_\_\_\_\_ *(name of applicant)* or their legal representative to pursue permits issued by AppHealthCare. I understand that this authorization includes but is not limited to: (1) Applying for Health Department permits, (2) Preparing the site for on-site soil evaluations, (3) Accomplishing other necessary actions as required by AppHealthCare (i.e backhoe pits, surveying, clearing the lot of underbrush), (4) Locating or gaining knowledge of all pertinent fuel storage tanks, wells, springs, septic systems, etc...

*This authorization will be in effect until a written notice of revocation is received by this office from the owner, or until one year from date of signature by owner.*

\_\_\_\_\_  
(Owner's signature)

\_\_\_\_\_  
(Date)

---

**APPLICANT'S AUTHORIZATION FOR AN AGENT TO ACT AS THEIR LEGAL REPRESENTATIVE**

I, \_\_\_\_\_ *(name of applicant)*, being the applicant for an Improvement Permit / Construction Authorization for Wastewater System and/or a Well permit do hereby authorize \_\_\_\_\_ *(name of agent)* to act as an agent on my behalf to do the following: (1) Apply for Health Department permits, (2) Prepare the site for on-site soil evaluations, (3) Accomplish other necessary actions as required by the AppHealthCare (i.e. backhoe pits, surveying, clearing the lot of underbrush), (4) Locate or gain knowledge of all pertinent fuel storage, wells, springs, septic systems, etc...

I understand that I or my legal representative must sign for all permits issued by the Health Department.

*This authorization will be in effect until a written notice of revocation is received by this office from the applicant.*

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized agent's signature)

\_\_\_\_\_  
(Date)