



AppHealthCare
Appalachian District Health Department
www.AppHealthCare.com
Caring for our Community



APPLICATION FOR ON-SITE WASTEWATER AND WELL PERMITS

Instructions for completing the application, fee information, helpful checklist and websites can be located [here](#). Section 1 must be completed by all applicants. Please click on the Section headings or on each type of application in Section 1 to learn what needs to be completed.

Date Received:

CDP File #:

Initials:

AppHealthCare Use Only

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)	
____ A2 IMPROVEMENT PERMIT	____ A2 CONSTRUCTION AUTHORIZATION
____ SEPTIC REPAIR PERMIT (see questionnaire)	____ RELOCATION OF SEPTIC TANK
____ EXPANSION OF AN EXISTING SEPTIC SYSTEM	
____ 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 (ESA) 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: _____

Owner of Property: _____

Contact Number: _____ Email: _____

Mailing Address: _____

Agent: _____

Contact Number: _____ Email: _____

Mailing Address: _____

INFORMATION ON THE PROPERTY TO BE EVALUATED:

County: ☐ Alleghany ☐ Ashe ☐ Watauga

Directions to Property: _____

Parcel ID/ PIN: _____ Date Platted: _____ **Gate Code:** _____

Property Size: _____ Subdivision Name: _____ (Date property recorded with the county)

Lot #: _____ Section: _____

____ YES* ____ NO	Are there any easements or right of ways on this property?	*If yes, show on
____ YES* ____ NO	Does the site contain any existing wastewater systems?	Site Plan.
____ YES ____ NO	Is this property subject to watershed restrictions or does it contact 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, please name the agency:	

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

System Type Preference: (check) ☐ Any ☐ Conventional ☐ Accepted ☐ Innovative ☐ Alternative

SECTION 3

STRUCTURE INFORMATION:

Specifications:

_____ House _____ Mobile Home _____ Apartments/Townhomes/Duplex
_____ Garage Apartment _____ RV _____ Business / Other**
_____ Yes _____ No Basement **Number of Bedrooms:** _____
_____ Yes _____ No Water Fixtures in Basement **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 (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.)
_____ 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 (ESA) INFORMATION:**

Reason for compliance and description (cannot be conducted for real estate transactions only):

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 with survey irons
- _____ Right of way or easements marked
- _____ Survey plat attached
- _____ Proposed structures staked onsite (buildings, driveway)
- _____ Proposed well site staked
- _____ Site accessible
- _____ Test holes dug (unless plans are to have Health Department meet a machine operator on site)

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

Version
1-2023

SITE PLAN ([see example](#))

Items to be shown 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.
- **For 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.
- **For Compliance (ESA) application:** Existing structures, existing and proposed grading and roads, proposed structure with measurements, well location, property lines, and septic tank and drainfield location.

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)