

**Buncombe County Department of Health
30 Valley St, Asheville, NC 28801
Phone: (828)250-5016 Fax: (828)250-6161
Application for:**

- | |
|---|
| <input type="checkbox"/> Survey plat to scale* submitted
<input type="checkbox"/> Scaled* site plan submitted
<input type="checkbox"/> Unscaled site plan submitted

* Scale of 1" = no more than 60' |
|---|

Well Construction

IF THE INFORMATION ON THE APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for 60 months

APPLICANT INFORMATION

_____	_____	_____
Applicant	Address	Phone
_____	_____	_____
Owner	Address	Phone

Email Address: _____

PROPERTY INFORMATION **PIN** _____ **Lot Size** _____
 Date *current* parcel was originally deeded & recorded (date since last property line change – *not a change in ownership*)

_____	_____	_____
Street Address	Subdivision Name	Section/Phase/Lot#

Directions to Site: _____

WELL CONSTRUCTION

- Individual
 Shared
 Public
 Repair
 Irrigation
 Abandonment

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is “yes”, applicant must attach supporting documentation.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Are there any current or pending restrictions regarding groundwater use? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does the site contain any existing wastewater systems? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Are there any variances regarding well construction or location? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Is the site subject to approval by any other public agency? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Are there any easements or rights of way on this 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 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. **Upon final inspection your well will meet the North Carolina well construction standard requirements in accordance with the North Carolina Administration Code Title 15A subchapter 2C. Future performance of your well with respect to yield, aesthetic quality, or contamination is not guaranteed by Buncombe County.**

_____	_____
Property owner or owner’s legal representative signature** (required)	Date

**Must provide documentation to support claim as owner’s legal representative.

New Well Construction \$300.00