

Buncombe County Department of Health
30 Valley St, Asheville, NC 28801
Phone: (828)250-5016 Fax: (828)250-6161
OSWWrequest@buncombecounty.org

Survey plat to scale*
submitted
 Scaled* site plan
submitted
 Unscaled site plan
submitted
* Scale of 1" = no more
than 60'

Application for:
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.

- yes no Are there any current or pending restrictions regarding groundwater use?
 yes no Does the site contain any existing wastewater systems?
 yes no Are there any variances regarding well construction or location?
 yes no Is the site subject to approval by any other public agency?
 yes 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 \$350.00