

**Toe River Health District - Environmental Health Section**

**Application for New Well / Repair Permit**

If the information provided in this application is falsified, changed or the site is altered, this permit becomes invalid.  
Applicant Information:

Applicant _____	Mailing Address _____	Home & Work Phones _____	Email _____
Owner _____	Mailing Address _____	Home & Work Phones _____	Email _____

Property Information: Date originally deeded and recorded: \_\_\_\_\_

Property Street Address _____	Subdivision Name _____	Section/Phase/Lot# _____	Lot Size _____ AC
Directions to Site: _____			

**Requested Permit:**

- New Well
- Repair to an Existing Well
- Well Abandonment
- Replacement or Additional Well

**Purpose of Well:** (Check all that apply.)

- Single family residence
- Multiple family residence or multiple residences
- Agricultural / Irrigation
- Commercial: Type of business \_\_\_\_\_
- Other - specify: \_\_\_\_\_

Do you intend to install the pump yourself?  Yes  No

Will this well have 15 or more connections?  Yes  No

Will this Well service 25 or more people?  Yes  No

Are there any easements or rights of way on the property?  Yes  No

Is the site subject to approval by any other public agency?  Yes  No

Will this well or system of wells have a designed capacity of 100,000 gallons per day or greater?  Yes  No

Are there any variances associated with this application?  Yes  No

Is there any type of geothermal heat pump system existing or proposed on this property?  Yes  No  
If yes, explain: \_\_\_\_\_

Year septic was installed - if existing: \_\_\_\_\_

Have any Septic Systems ( Surface/subsurface) been installed OR permitted on or within 100ft of this property?  
\_\_\_\_ Yes \_\_\_\_ No If Yes please include any copies of septic permits applicable to this site.

Name of applicant or owner listed on septic records: \_\_\_\_\_

The issuance of a Well Construction Authorization by the Local Health Department in no way guarantees sufficient yield of potable water. It merely shows potential sources of contamination and setback requirements. The Construction Authorization is subject to revocation if the site plan of intended use changes. It is the responsibility of the owner or applicant to disclose all potential sources of contamination. The Toe River Health District or the issuing EHS does not assume liability for unknown or undisclosed sources of contamination. The fee is NON-REFUNDABLE once the property is visited by an Environmental Health Specialist. It is the responsibility of the owner or applicant to notify the local Health Department when the well has been completed and is ready to be sampled. This notification will expedite the issuance of a Certificate of Completion and collection of water samples.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted the 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, corners, easements, and right-of-ways and making the site accessible so that a complete site evaluation can be performed.

Signature of Property Owner or Owner's legal representative** (required) _____	Date _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card Amount \$ _____	Date: _____ Staff: _____



**Instructions for Completing Improvement/Authorization to Construct Well Permit Application**

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items listed below be completed prior to the site visit. By completing these items in advance it reduces the time on site and the need for return visits.

**\*\*NOTE: IF THESE ITEMS ARE NOT COMPLETED AND A SITE VISIT IS MADE, A REVISIT FEE OF \$100.00 WILL BE ASSESSED.\*\***

- 1. I have completed the "Application for a Well Permit" and/or an "Application for Improvement/Authorization to Construct."
- 2. I have completed the Site Plan Worksheet showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible.
- 3. A survey or GIS tax map with boundaries is required.
- 4. I have marked all property **Corners, Boundaries and Right of Ways**

*NC Statute 15A NCAC 18A.1937 (d): The applicant shall identify property lines and fixed reference points in the field.*

**\*\*NOTE: All property corners, lines and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.\*\***

- 5. I have staked all proposed structures in their exact location on the site, including driveway
- 6. I have located all wells, springs and surface waters on the property
- 7. I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
- 8. I understand that no grading shall be performed before issuance of permit
- 9. I understand that if above items are not completed, and a site visit is made, **I WILL BE ASSESSED A \$100.00 REVISIT FEE.**

**PLEASE COMPLETE THE ABOVE ITEMS BEFORE CALLING TO SCHEDULE A MEETING ON THE SITE WITH OUR ENVIRONMENTAL HEALTH SPECIALIST**

If you have questions, please feel free to call between the hours of 8:00 a.m.- 4:30pm . Monday - Friday.  
Avery County 828-737-6059 Mitchell County 828-688-5067

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation prior to schedule an appointment.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date



**ENVIRONMENTAL HEALTH SECTION  
PROPERTY OWNER CONSENT FORM**

I, \_\_\_\_\_, am the legal owner(s) of the property located at  
**Owner's Name – Please Print**

\_\_\_\_\_  
**Property Address**

Identified as **Parcel Identification Number (PIN)** \_\_\_\_\_

located in  Avery County  Mitchell County

I do hereby authorize \_\_\_\_\_  
**Legal Representative – Please Print**

To act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) Authorization to Construct (AC) for septic permit
- Improvement Permit (IP)/Authorization to Construct (AC)
- Application for soil-site evaluation
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Department of Environmental Health.

I can be contacted at **(phone number)**: \_\_\_\_\_ by the Health Department Environmental Health Services staff prior to a scheduled appointment with my agent.

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Date**

**Applications for permits require the “signature of the owner or the owner’s legal representative” (15A NCAC 18A.1937). Along with this form, they can submit any of the following documents to designate their legal representative:**

- Power of Attorney
- Real Estate Contract
- Estate Executor
- Bankruptcy Trustee
- Court Ordered Guardianship

## Toe River Health District - Environmental Health Section Site Plan Worksheet

Please check ( ) each item that has been indicated on your site plan.  
Incomplete plans will be returned to you for completion.

Your property will not be scheduled for an evaluation until we have received a completed application, site plan, all proposed items are marked on the property and payment of application fee.

**ALL BOXES MUST BE CHECK AT TIME APPLICATION IS TURNED IN**

- The dimensions of the property.
- The proposed location of all structures (e.g. facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side of the property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover
- The site you would prefer your septic system to go in.
- The preferred driveway location.
- The proposed well location.
- A north arrow or other sufficient directional indicator.
- Any proposed structures or improvements to the property such as garages, workshops, pools, etc.
- The location of any existing septic tank systems and wells on your property and on the adjoining property within 100 feet of your property line.
- The **location of any easements or rights of way on the property.**
- The location of any designated wetlands on the property.

If you have questions, please feel free to call between 8:00 a.m.- 4:30 Monday - Friday.

Avery County 828-737-6059

Mitchell County 828-688-5067

You can obtain a "site map" and/or PIN# by going to the Mitchell and Avery County Mapping Office. You can also print a site map and get your PIN# from the GIS website for your county.

**USE THE SPACE BELOW OR A SEPARATE PIECE OF PAPER TO DRAW YOUR SITE PLAN.**

**Health Department Use Only:**

- Survey plat to scale\* submitted  
\* scale of 1" = no more than 60'

- Scaled\* site plan submitted

- Unscaled site plan submitted

**Toe River Health District**  
Environmental Health Section

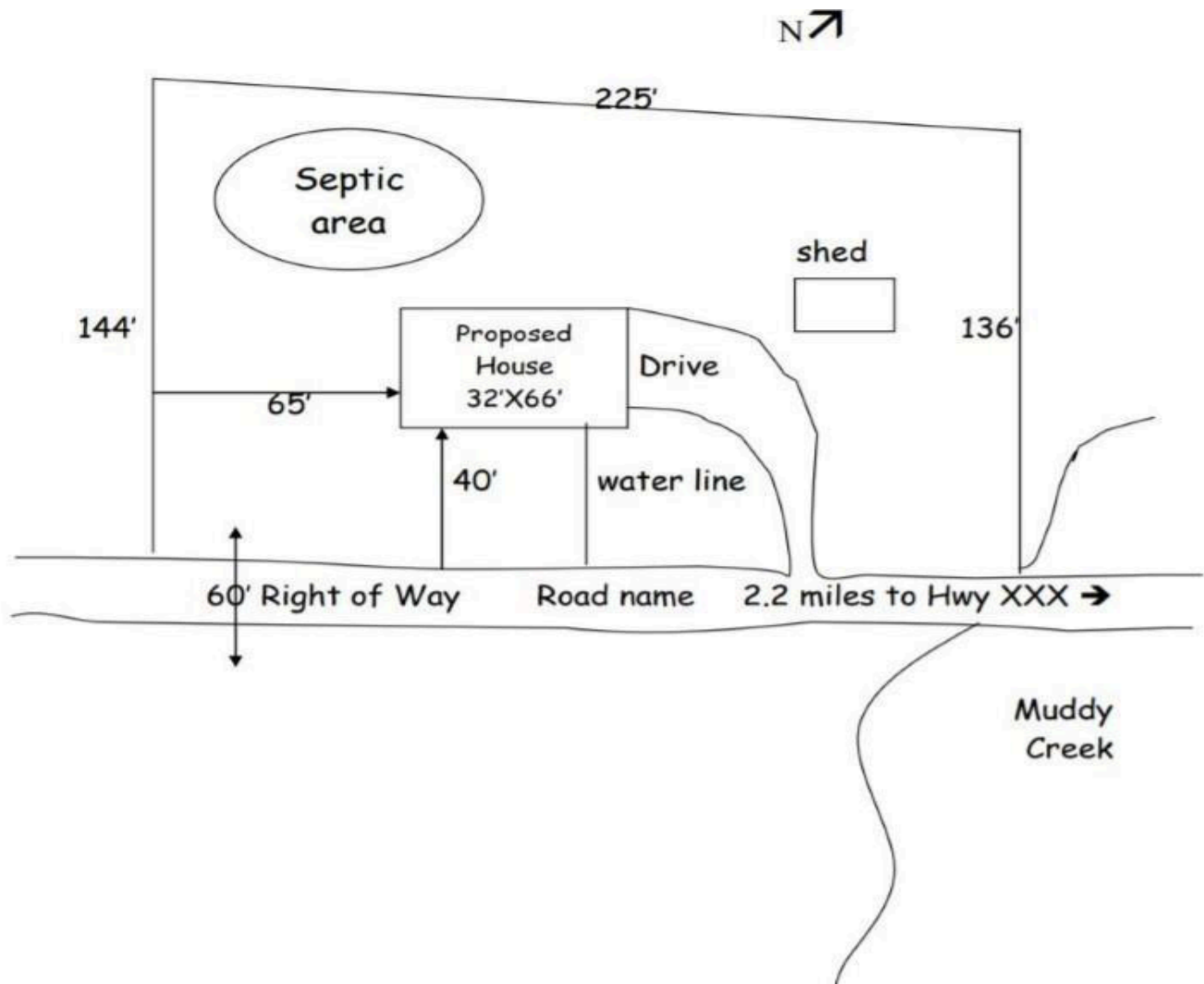
**Well and/or Septic Sample Site Plan**

Providing complete and accurate information on your site plan is critical and will assist us in efficiently evaluating your site.

This example was prepared to assist you in drawing your own site plan.  
Without your site plan we cannot perform the site evaluation.  
If you have any questions, please contact your local health department:

**Avery County 828-737-6059**

**Mitchell County 828-688-5067**



## Wellhead Completion Guide

Per North Carolina General Statute 87-98.4 (b)(2), a person may install a pump on a well that is located on land owned or leased by that person. If you choose to install your own pump, be aware that you are responsible for the following:

An identification plate showing:

- Name of the pump installer
- Date the pump was installed
- Depth of the pump
- The pump's horsepower rating

The plate must be securely attached to either the aboveground portion of the well casing, surface grout pad or the enclosure floor if present. The identification plate shall be constructed of a durable waterproof, rustproof metal or equivalent material.

The well shall be vented at the wellhead to allow for pressure changes within the well. Any vent pipe or tube shall be screened or otherwise designed to prevent the entrance of insects or other foreign materials.

A threadless hose bibb shall be installed at the wellhead by the person installing the pump. If the well head is also equipped with a threaded hose bibb in addition to the threadless sampling tap, the hose bibb shall be fitted with a backflow preventer or vacuum breaker. The threadless sampling tap must be turned downward, located a minimum of 12 inches above land surface, floor, or well pad; and positioned such that a water sample can be obtained without interference from any part of the wellhead.

All openings for piping, wiring, and vents shall enter into the well at least 12 inches above land surface and shall be adequately sealed to preclude the entrance of contaminants into the well. The opening where pump wires pass through the well head is typically sealed with caulk. The rope attached to the pump should pass through the same opening as the pump wiring. DO NOT bring the rope through the threaded opening meant for the well vent.

The well seal should be flush with the top of the casing. The rubber gasket on the seal should not be visible.

If someone other than the property owner or lessee installs the pump or performs any other activity that breaks the well seal, that person **MUST** be a licensed driller or licensed pump installer. Your well head must meet all of the above requirements before we can collect your water samples or issue a certificate of completion. Please contact your local health department when your well head is completed and ready for inspection.

