

**Application for Well Construction Authorization Permit
Swain County Health Department Environmental Health Services
545 Center Street, Bryson City, NC 28713 (828) 488-3198**

Applicant Information

Pin # _____

Applicant

Address

Home & Work Phone

Owner

Address

Home & Work Phone

Property Information

Street Address

Subdivision Names

Section / Phase / Lot #

Directions to Site:

- | | | |
|--|------------------------------|-----------------------------|
| Has the property previously been evaluated for a septic system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an approved system installed on the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is so, please attach copy of Improvement Permit/Authorization to Construct/Operations Permit | | |
| Does the site contain any jurisdictional wetlands? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the site contain any existing wells? | <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 right of ways on this property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Well Construction

- New Repair Abandonment

Well Use

- Residential (Choose One): Single Family Residence Shared Well
- Commercial

The Well Permit issued pursuant to this application shall be valid for 60 (sixty) months from date of issuance when accompanied with site plan. The Well Permit shall be valid without expiration when a plat is provided.

Well Permit Fees

- | | |
|------------------------------|----------|
| New Well Permit | \$300.00 |
| Well Abandonment Permit | \$100.00 |
| Well Repair Permit | \$50.00 |
| Well Site Consultative Visit | \$50.00 |

Owner/Applicant Statement

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 supplying a survey for the property, identifying property lines and corners, and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative signature (required)

Date

Swain County Health Department
545 Center Street, Bryson City, NC 28713

Alison Cochran, REHS,MHS
Health Director

Phone (828) 488-3198
Fax (828) 488-8672

ADDRESS:

SWAIN COUNTY HEALTH DEPT.
545 CENTER STREET
BRYSON CITY, NC 28713

PHONE: 828.488.3198
FAX: 828.488.8672

www.swaincountync.gov



HEALTH DEPARTMENT
DIRECTOR
ALISON COCHRAN

ENVIRONMENTAL HEALTH
SUPERVISOR
JONATHAN JONES

SWAIN COUNTY

AUTHORIZATION TO ACT AS AGENT

I, _____, am the legal owner of the property.

PIN # _____, in Swain County, North Carolina.

I do hereby authorize _____ (Authorized Agent's Name)

to act on my behalf in applying for and obtaining from Swain County Environmental Health,
an Improvement Permit and/or Authorization to Construct and/or Operations Permit and/or Well Permit
on my property.

Owner's Signature

Date

Telephone Number

Authorized Agent Signature

Date

Telephone Number