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? ☐ Yes ☐ No
Is there an approved system installed on the property? ☐ Yes ☐ No
Is so, please attach copy of Improvement Permit/Authorization to Construct/Operations Permit

Does the site contain any jurisdictional wetlands? ☐ Yes ☐ No
Does the site contain any existing wells? ☐ Yes ☐ No
Is the site subject to approval by any other public agency? ☐ Yes ☐ No
Are there any easements or right of ways on this property? ☐ Yes ☐ 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

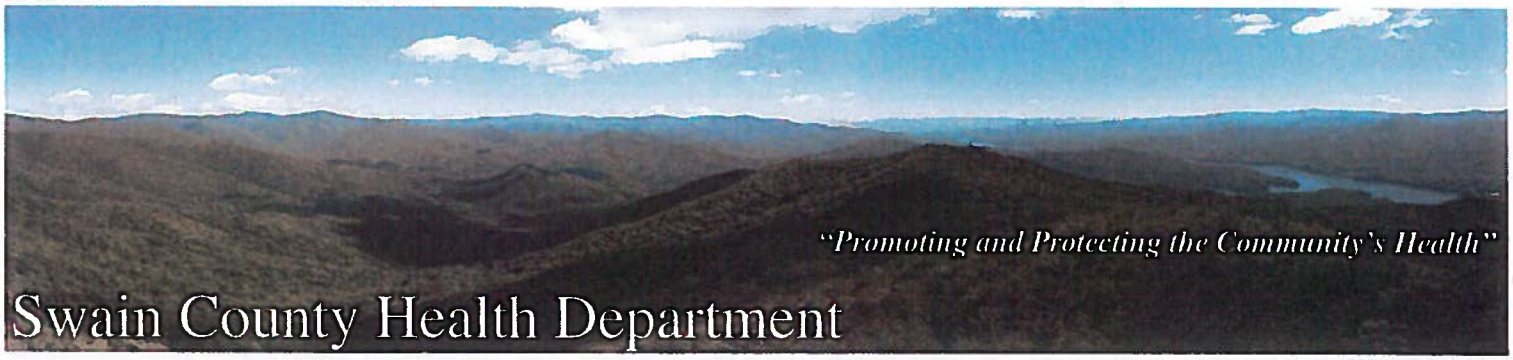
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules.
I understand that I am solely responsible 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



545 Center Street, Bryson City, NC 28713
alisonc@swaincountync.gov

Alison Cochran, REHS
Health Director

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

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