

**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 #	Gate Code

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
 Variance

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 Variance Permit	\$50.00
Well Site Consultative Visit	\$50.00
Well Site Re-Visit Fee	\$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 or owner's legal representative signature (required)	Date

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

Jonathan B. Jones, REHS
Environmental Health Supervisor

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