

**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
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ADDRESS:

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