

**APPLICATION FOR WELL CONSTRUCTION AUTHORIZATION PERMIT
 SWAIN COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES
 P.O. Box 546, Bryson City, NC 28713 (828) 488-1207**

Pin # _____

| | | |
|-----------|---------|-------------------|
| Applicant | Address | Home & Work Phone |
| Owner | Address | Home & Work Phone |

PROPERTY INFORMATION

| | | |
|----------------|------------------|--------------------|
| Street Address | Subdivision Name | Section/Phase/Lot# |
|----------------|------------------|--------------------|

Directions to Site: _____

Has the property previously been evaluated for a septic system? Yes No
 Is there an approved septic system installed on the property? Yes No
 (If yes, please attach a 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
- Residential Commercial
- Single Family Residence Community or Shared Well

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.

Owner/Applicant Statement

I have read this application and certify 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 I am solely responsible for supplying a survey for the property, identifying property lines and corners, and making the site accessible so a complete site evaluation can be performed.

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