

**APPLICATION FOR WELL CONSTRUCTION AUTORIZATION PERMIT
SWAIN COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES
545 CENTER STREET, Bryson City, NC 28713 (828) 488-1207**

Pin # _____

Applicant	Address	Home & Work Phone
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Owner	Address	Home & Work Phone
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Property Information

Street Address	Subdivision Name	Section/Phase/Lot #
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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 so, please attach a copy of Improvement Permit/Authorization to Construct/Operations Permit

- Yes No 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?

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 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

Well Permit Fees

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