



# Stanly County Environmental Health Well Permit Application

| Dept. Use Only       |                 |
|----------------------|-----------------|
| Date Submitted       | _____           |
| Fee Paid             | _____           |
| Application approved | _____           |
| Assigned to:         | _____           |
| Site ready/date      | _____           |
| RN#                  | _____ EH# _____ |
| Date Scheduled       | _____           |

**Section 1** Please complete the following information

|       |                 |      |          |                             |
|-------|-----------------|------|----------|-----------------------------|
| Owner | Mailing Address | City | Zip Code | Telephone Number(s) daytime |
|-------|-----------------|------|----------|-----------------------------|

**Section 2** Development Information

|                          |               |              |                   |              |            |
|--------------------------|---------------|--------------|-------------------|--------------|------------|
| <b>Property Location</b> | Address:      | Subdivision: | Section#/Lot      |              |            |
| <b>APPLICATION FOR:</b>  | New Well      | Repair       | Abandonment       |              |            |
| <b>TYPE OF FACILITY</b>  | Single Family | Multi-Family | Business/Industry | Agricultural | Irrigation |

A site plan shall be submitted with this application. The site plan must show the following: - Location of all structures or proposed structures, - Location of any currunt or future potential sources of contamination such as septic tank systems, and fuel storage tanks, - Location of municipal sewer lines.

The applicant shall notify the Health Department if any of the following apply to the property in question.

If the answer is "yes" Locations must be indicated on the submitted site plan

- |     |    |   |
|-----|----|---|
| Yes | No | Does the site contain any existing or permitted septic tank systems.  |
| Yes | No | Are there any easements or rights of way  |
| Yes | No | Are there any existing wells or springs   |
| Yes | No | Are there any variances regarding well construction or location issued under 15A NCAC 02C .0118   |
| Yes | No | Any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)   |
| Yes | No | Are there any petroluem or chemical storage tanks (above or underground)  |
| Yes | No | Are there any landfills, waste storage, known underground contamination, or any other characteristics or activities on the property or adjalyt properties that could impact groundwater quality or suitability of the site for well construction. |

***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 the property identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.***

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for 60 months.**

\_\_\_\_\_  
*Signature of Owner or Authorized Agent*

\_\_\_\_\_  
*Date*

Directions to Property

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