



**Union County Public Health Division**  
**Environmental Health Section**  
 500 N. Main St., Suite 47  
 Monroe, NC 28112  
 Phone: (704) 283-3553 Fax: (704)283-3825

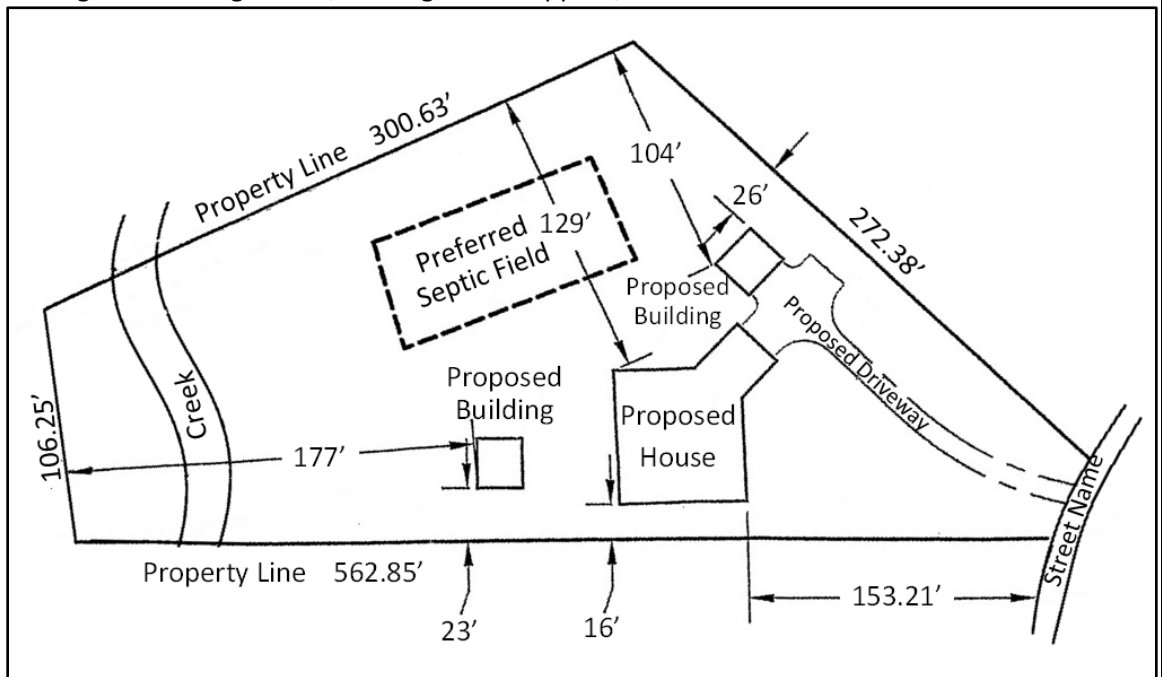
# Applicant Instructions for Well Permit Approval Process

In order to make the best use of your time and to assist the staff in completing applications quickly we ask that the items provided below be completed prior to visit. By completing these items it reduces the time on site and the need for return visits. We appreciate your cooperation.

**\*\* Please be advised that a revisit fee of \$50.00 may be assessed if site visit is made and items are not completed.**

1.  I have completed the "Application for Well Permit".
2.  I have provided a survey plat or site plan of the property (with dimensions). This plat or site plan **MUST** include property lines with dimensions, the location of the proposed residence, addition/expansion to existing or commercial facility, any appurtenances (for example: detached garage, driveway, storage building(s), barn, swimming pool, pond or special landscaping features), preferred site for wastewater disposal system and the of any burial sites, underground storage tanks, existing water supplies, water lines and surface waters.

**Example Site Plan**  
 Minimum Site Plan Size  
 8 ½ by 11 inches



3.  I have marked all property corners and boundaries.
4.  I have located all wells, springs, and surface waters on the property or within 50' of the property. I have staked all proposed structures in their exact location on the site, including driveway.
5.  I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
6.  I understand that no grading shall be performed before issuance of permit.
7.  I understand that if above items are not completed, and a site visit is made, **I may be assessed a re-visit fee and delays will occur.**

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation, prior to the evaluation being conducted.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Application Fees:    Well Permit: \$480.00    Additional site visits: \$50.00**

# UNION COUNTY DEPARTMENT OF HUMAN SERVICES

P.O. BOX 489  
MONROE, NORTH CAROLINA 28111

Environmental Health  
500 North Main Street, Suite 47  
Monroe, NC 28112  
Telephone (704) 283-3553  
Fax (704) 283-3825



Bobby Cobb, BS, RS  
Interim Division Director of Public Health

Traci Colley, MSEH, REHS  
Environmental Health Manager

## Authorization to Act as Agent for Owner

Any application /document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agent for the owner. This form also allows the specified individuals to sign or receive any application/document/permit on behalf of the owner and allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any and all permit conditions stated on permits issued by this Division are followed.

I, \_\_\_\_\_, am the legal owner of the property located at \_\_\_\_\_ (address, subdivision and lot #). The tax parcel identification number(s) is \_\_\_\_\_, located in Union County, North Carolina.

I do hereby authorize \_\_\_\_\_ (print agent and company name, if applicable), to act as an agent on my behalf in applying for/signing/obtaining any of the documents associated with Union County Environmental Health services.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date



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<b>Official Use Only</b>	
Tax Code: _____	
Zoning Type: _____	Approved: _____ Disapproved: _____
By: _____	Date: _____
Conditions: _____	
Is the property located within a designated water supply area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Jurisdiction: _____	
Comments: _____	
_____	

**Application Type:**

- New Drinking Water Well
- Irrigation Well
- Well Repair (no fee)
- Well Abandonment
- Well Camera Request

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WELL PERMIT TO CONSTRUCT SHALL BECOME INVALID. A well permit is valid for 5 years (60 months).**

Applicant Name: _____	Property Owner: _____
Mailing Address: _____	Address: _____
Phone: (h) _____, (w) _____	Phone: (h) _____, (w) _____
Email: _____	Email: _____

<b>Property Information:</b>	Date originally deeded & recorded: _____
Tax Code: _____ Lot Size: _____ Street/Road Name: _____	
Subdivision Name: _____ Section/Phase: _____ Lot #: _____	
Directions: _____	

<b>Development Information:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Farm	<input type="checkbox"/> Non Residential or Commercial Type of Structure	<input type="checkbox"/> Other
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<b>Well-Use Specifications:</b>
Maximum number of bedrooms: _____ Maximum number of Occupants: _____
Waste Disposal Type: Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No Septic System <input type="checkbox"/> Yes <input type="checkbox"/> No
If Septic System, Construction Authorization Permit #: _____
Location of existing septic system or municipal sewer line: _____
1. Are there any existing septic systems (surface or subsurface) located on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there easements or rights of way on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any variances been issued for this property regarding well construction or location? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there existing wells, springs or water lines on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any surface water bodies or designated wetlands on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any above ground or below ground chemical or petroleum storage tanks on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any known landfills within 500 feet or waste storage sites within 100 feet of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there any known underground contamination of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there any areas (on or adjacent to this property) that are used for industrial or municipal sludge spreading or as wastewater-irrigation sites? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are there any current or pending restrictions regarding groundwater use as specified in N.C.G.S. 87-88(a) for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Terms & Conditions:**

**Important: Site Plan Required:** This application must be accompanied by a surveyed plat or site plan of the property, which includes: property boundaries and dimensions, all easements, (including utility easements), all structures or proposed structures, (including but not limited to: a residence, decks, porches, pools, driveways, and outbuildings). Tie structures to two property lines by measurements. The site plan shall also include other known or proposed potential sources of ground water contamination such as: existing or proposed wastewater systems, existing or proposed wells, springs, any surface waters or designated wetlands, chemical or petroleum storage tanks above or below ground, known underground contamination, known chemical or petroleum spills, and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction.

The applicant is responsible for identifying the property by marking the property lines and corners. The applicant is responsible for making the site accessible.

By signing this application, the applicant signifies that they understand the terms and conditions and that permission is granted for Union County Environmental Health representatives to perform required site evaluations.

\_\_\_\_\_  
Property owner or Legal Representative signature (required)

\_\_\_\_\_  
Date