

ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
209 N. GRAHAM-HOPEDALE RD.
BURLINGTON, NC 27217

Fax: (336) 570-6362

Phone: (336) 570-6367

www.alamance-nc.com

Application for Well Permit

Tax Map Number: _____ GPIN: _____

Requestee's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Property Address: _____

Subdivision Name: _____ Section/Lot #: _____

Directions to Property: _____

Well Permits - Circle types needed

New (\$315.00)

Replacement (\$315.00)

Repair (\$210.00)

Abandonment (\$0)

Intended Use of Well – Circle appropriate use

Residential (serving one single family dwelling)

Residential (serving more than one single family dwelling)

Public (serving 15 or more connections/25 or more people)

Irrigation

Geothermal

Are there any existing septic systems (surface or subsurface) located on this property? ___Yes ___No

Are there any easements or rights of way on this property? ___Yes ___No

Are there any existing wells, springs or water lines on this property? ___Yes ___No

Are there any surface water bodies or designated wetlands on this property? ___Yes ___No

Are there any above ground or below ground chemical or petroleum storage tanks on this property? ___Yes ___No

Are there any known landfills within 500 feet, or waste storage within 100 feet of this property? ___Yes ___No

Is there any known underground contamination on this property? ___Yes ___No

Any areas on or adjacent to that are used for industrial, municipal sludge spreading or wastewater-irrigation sites? ___Yes ___No

Have any variances been issued for this property regarding well construction or location? ___Yes ___No

Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a) for this property? ___Yes ___No

PLEASE ATTACH A SITE PLAN OF THIS PROPERTY SHOWING ALL POTENTIAL CONTAMINATION SOURCES

Requestee is strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over this property and comply with any and all requirements which will need to be met before any improvements are made to this property.

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. 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 proper identification and labeling of all property lines and corners and making the site accessible so that a complete field investigation can be performed.

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

Owner or Applicant Signature

Date

Please make checks payable to: Alamance County Health Department

7/5/2011

SITE PLAN

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)