

# Graham County Department of Public Health Well Installation or Well Repair Permit Application

Intended Use: Single Family Well  Shared Well  Other Well \_\_\_\_\_

Well Construction: New  Repair  Abandonment

## APPLICANT INFORMATION:

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number for Contact Person

## PROPERTY INFORMATION

\_\_\_\_\_  
Parcel I.D.

\_\_\_\_\_  
Street Address (if different than above)

\_\_\_\_\_  
Subdivision

\_\_\_\_\_  
Section

\_\_\_\_\_  
Lot Number

Directions to Property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the property previously been evaluated for a septic system?  Yes  No

Is there an approved septic system installed or permitted on the property?  Yes  No

Does the site contain any jurisdictional wetlands?  Yes  No

Does the site contain any existing wells or springs?  Yes  No

Is the site subject to approval by any other public agency?  Yes  No

Are there any easements or right of ways on the property?  Yes  No

Does the property or adjacent property contain any of the following: (check all that apply)

Petroleum Storage Tank(s)  Landfill(s)  Animal Barn(s)  Surface Water(s)

Chemical Storage Area(s)  Animal Feedlot(s)  Grave Site(s)

Any Known Ground or Groundwater Contamination (list): \_\_\_\_\_

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. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable laws and rules from other agencies that may affect the development of this property. I understand that I am responsible for supplying a survey of the property, identifying property lines and corners, and making the site accessible so that a complete site evaluation can be performed.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

*\*\* A well construction permit is valid for a period of five years.*

**Graham County Department of Public Health**  
**Environmental Health Section**  
**Site Plan**

**Instructions to Applicant:** Environmental Health personnel will not begin the evaluation process until all property lines are accurately and conspicuously marked *and* the property is made easily accessible for evaluation. A site evaluation will not be scheduled until this site plan is completed and signed unless a "to scale" survey plat (scale of 1"=no more than 60') showing all components has been completed by a Registered Land Surveyor and submitted to the Environmental Health Section.

**As Close to Scale as Possible:** 1. Draw the existing/proposed parcel showing all applicable property lines with dimensions and orientation to proposed or existing streets and roads. 2. Indicate the location of the proposed home/building and all appurtenances, including decks, porches or any other structures, showing dimensions and distances to property lines. 3. Locate all wells and septic systems, both existing and proposed (including those on adjacent properties, if known) and indicate the preferred well location. 4. All surface waters including springs, ponds, rivers, streams, etc. must be shown. 5. Show any other ground or groundwater contamination possible.

**Graham County Environmental Health will attempt to locate the well in the requested area(s): however, conditions may exist that prohibit those areas from being used as desired.**

**I hereby agree that the information shown is correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of owner/authorized agent**

\_\_\_\_\_  
**Parcel Identification Number (PIN)**

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