

1830 Lakeside Dr Franklin, NC 28734 (828) 349 – 2490 (Office) (828) 349 – 4136 (Fax)

NEW WELL CONSTRUCTION AUTHORIZATION

Please initial beside each item to affirm understanding and completion of task.

 Site made accessible. This means clearing of foliage and obstacles from the proposed well area <i>before</i> MCPH evaluation. MCPH should be able to see the entire ground surface and walk unimpeded.
Site Plan form complete.
 Does not need to be to scale, but must be legible and contain the required information as listed on site plan form. A surveyed plat may also be used.
 Application form complete. All fields on the application are required. Any blanks will result in your application being returned as incomplete. Accompanying forms must also be completed, where applicable.
Property Lines marked.
 You are responsible for having your property lines identified and marked on site <i>before</i> MCPH evaluation. Lines should be marked, at a minimum, every 25'.
Site marked.
 All of the items required for your site plan must also be marked on site <i>before</i> MCPH evaluation. Proposed well area, septic area, house site, easements, etc. should be staked or flagged, where not easily discernable.
Due Diligence.
If you have a due diligence agreement for closing, a minimum of four weeks of notice is required for consideration of expedited service. (Mark N/A if none) DUE DILLIGENCE DATE:

In order for Macon County Public Health to process your application, the preceding must be completed. Failure to complete these will result in an incomplete application status or an application denial. By signing, you are confirming completion of these tasks. Misrepresentation may result in denial of service.

Signature of Applicant

Date



Macon County Public Health

APPLICATION FOR PRIVATE WELL

OWNER / CONTACT INFORMATION					
PROPERTY OWNER		PHONE			
MAILING		EMAIL			
ADDRESS					
APPLICANT	PHONE	PHONE			
MAILING		EMAIL			
ADDRESS					
PROPERTY INFORMATION					
ADDRESS		ACREAGE	DATE		
			RECORDED		
SUBDIVISION	LOT#	PID			
DIRECTIONS					

PRIVATE DRINKING WATER WELL									
APPLYING FOR		AIR 🗌 HYDROFRA	ACTURE 🗌 ABANDO	NMENT 🗌 SITE VISIT/VARIANCE					
WELL TYPE		GLE FAMILY WELL	SHARED WELL	NON-RESIDENTIAL					
IS CURRENT WAT	ER SUPPLY IS DRY	🗌 YES 🛛 NO	🗆 N/A						

By signing below, I confirm that I have read and understand all documents accompanying and comprising this application. By applying my signature, I affirm my intent to enter into contract with Macon County Public Health for the purpose of the above. My signature permits designated agents right of entry for inspection and permitting, and serves as confirmation of my compliance with applicable laws and rules pertaining to the preparation and accessibility of the property. I affirm that the above information is true, complete, and correct. I understand that if any of this document is found to be false, it will become void and <u>no refund of fees will be issued</u>.

Signature of Applicant

Date

EH OFFICE USE ONLY	SEP	WEL	DATE	RCVD	FEE
EH OFFICE USE ONLY			RCVD	BY	PAID



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AUTHORIZATION TO ACT AS LAWFUL REPRESENTATIVE

Applications for permits require the signature of the applicant and owner (15A NCAC 18E .0201(h)(9)). If the owner does not sign the application themselves, they may submit any one of the following documents to designate their lawful representative:

- 1. Power of Attorney
- 2. Estate executor
- 3. Bankruptcy trustee
- 4. Court-ordered guardianship
- 5. Offer to Purchase Agreement Form 2-T/12-T (this option limits applicant to IP only)

In the absence of the above documentation, the property owner shall sign this form to designate a lawful representative to act on their behalf. If there are multiple property owners, then all property owners must sign this form.

By signing this form designating a lawful representative for purposes of 15A NCAC 18E .0200, the property owner authorizes the lawful representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. This authorization further allows the representative to make decisions on behalf of the owner pertaining to modifications of permits in the field. The owner retains full responsibility to meet all permit conditions specified by Macon County Environmental Health.

Owner Name: _____

Property Address:

PIN:

Representative Name: _____

I agree to abide by all decisions and/or conditions between the lawful representative acting on my behalf and Macon County Environmental Health, including but not limited to those decisions made in the field.

Signature of Owner(s)

Date



Macon County **Public Health**

SITE PLAN

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Does not need to be drawn to exact scale but should be legible and drawn clearly.

Sketch must include:

- Dimensions of lot
- Dimensions of House/Primary building site and location relative to property lines;
- Septic tank and drain field area;
- Wells, including those on adjacent properties;
- Underground utility lines, existing drainage pipes, and/or easements;
- Driveways, parking areas, or other vehicular traffic or traffic bearing structures;
- Porches, decks, pools, garages, carports, out-buildings, and other permanent structures and their dimensions, and
- Areas of grading or other soil disturbance, changes in drainage patterns, or changes in surface or topographical features on the site.

Please note that any deviations to site plan, such as grading, soil disturbances, or site alterations to topography, could negatively impact the wastewater system or lead to permit revocation.



Macon County **Public Health**

EXAMPLE SITE PLAN



Does not need to be drawn to exact scale but should be legible and drawn clearly.

Sketch must include:

- Dimensions of lot
- Dimensions of House/Primary building site and location relative to property lines;
- Septic tank and drain field area;
- Wells, including those on adjacent properties;
- Underground utility lines, existing drainage pipes, and/or easements;
- Driveways, parking areas, or other vehicular traffic or traffic bearing structures;
- Porches, decks, pools, garages, carports, out-buildings, and other permanent structures and their dimensions, and
- Areas of grading or other soil disturbance, changes in drainage patterns, or changes in surface or topographical features on the site.

Please note that any deviations to site plan, such as grading, soil disturbances, or site alterations to topography, could negatively impact the wastewater system or lead to permit revocation.