



## Septic and Well Application

**In order to process your application and make a site visit, the following must be completed:**

- Fill out all necessary fields on application form (the current property owner must sign the application or the Legal Representative Form, or a real estate contract can be provided),
- Complete site plan (see details below),
- Pay appropriate fee, and
- If you have a closing date, provide a copy of the relevant information from the real estate contract so that we can attempt to visit the site prior to the expiration of the due diligence date.

**Prepare the site for a visit from an Environmental Health Specialist. Failure to do so could result in a delay in permitting the site and incur a \$125 revisit fee. To have the site properly prepared, be sure that:**

- The property corners and lines are easily identifiable,
- The area in which the septic system and/or well is to be located is free from underbrush or foliage so that a person can reasonably walk unimpeded or be able to see the whole area clearly, and
- Any planned buildings or improvements must be marked on the property.

### **Site plan instructions:**

- If you have a copy of the current plat or survey, please include with your application.
- Show the dimensions of the property clearly indicating the property lines.
- Show the proposed location and approximate dimensions of the house using setbacks from property lines or other fixed reference points.
- Show the preferred driveway location.
- Show the area you would prefer your septic system and/or well to go in.
- Show any future improvements, such as garages, workshops, swimming pools, etc.
- Show the location of any known septic systems or wells on your property or, if within 100 feet, on any neighboring property.
- Show the location of any surface waters on the property.
- Show the location of any easements or right of ways on the property.
- Show the location of any designated wetlands on the property.



OWNER / CONTACT INFORMATION		
PROPERTY OWNER		PHONE/FAX
MAILING ADDRESS		EMAIL
CONTACT		PHONE/FAX
MAILING ADDRESS		EMAIL
PROPERTY INFORMATION		
ADDRESS		ACREAGE      DATE RECORDED
SUBDIVISION	LOT	PARCEL#
DIRECTIONS		
SITE CHARACTERISTICS		
EXISTING WATER SUPPLY <input type="checkbox"/> Spring <input type="checkbox"/> Single Family Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Non-Residential <input type="checkbox"/> Public Water Supply <input type="checkbox"/> None		
MY CURRENT WATER SUPPLY IS DRY <input type="checkbox"/> YES <input type="checkbox"/> NO		
*If applying for a new structure will it be served by the existing water source or will it require a new one* <input type="checkbox"/> Future New <input type="checkbox"/> Share Existing		
Is the site subject to approval by any other public agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the site contain existing wastewater system(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the site within a floodzone as defined by Macon County Ordinance?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the site contain any chemical, waste or petroleum fuel storage, landfill or known underground contamination?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any easements or right of ways on the property?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any wastewater, other than domestic sewage, going to be generated on site?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the site within a state classified watershed boundary?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the site contain any Army Corps of Engineers delineated jurisdictional wetlands?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES is checked, indicate on site plan		
COMMENTS:		

ON-SITE WASTEWATER SYSTEM						
APPLYING FOR	<input type="checkbox"/> Improvement Permit <input type="checkbox"/> Construction Authorization	<input type="checkbox"/> 25% Reduction <input type="checkbox"/> Gravel <input type="checkbox"/> Large Diameter Pipe <input type="checkbox"/> PPBPS <input type="checkbox"/> Other _____	<input type="checkbox"/> Tank Relocation	<input type="checkbox"/> Repair Area Relocation		
RESIDENTIAL	BEDROOMS	OCCUPANTS	BASEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLUMBING IN BASEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
REPAIR	DESCRIBE FAILURE					
EXPANSION	FLOW TO ADD	EXISTING # OF BEDROOMS				
	YEAR SYSTEM WAS INSTALLED	OWNER AT TIME OF INSTALLATION				
Commercial	DESCRIBE PURPOSE OF STRUCTURE (ATTACH SHEET IF NECESSARY)					

PRIVATE DRINKING WATER WELL	
APPLYING FOR	<input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> HYDROFRACTURE (REPAIR) <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> SITE VISIT/VARIANCE
WELL TYPE	<input type="checkbox"/> SINGLE FAMILY WELL <input type="checkbox"/> SHARED WELL <input type="checkbox"/> NON-RESIDENTIAL (Explain) _____

I have read this application and certify that the information provided herein is true, complete and correct. If the information in this application is falsified, changed, or the site is altered, the permit shall become invalid. Authorized officials are granted right of entry to conduct necessary inspections. The site will be made accessible and property lines marked. Issuance of permit by MCPH does not guarantee or imply approval of future permit applications by this or any other agency. This application is valid for one year from date application received by our office. The permit is valid for either 60 months or without expiration depending upon documentation submitted (complete site plan = 60 months; complete plat = without expiration). Incomplete applications will not be processed.

CONTACT US:  
1830 Lakeside Dr, Franklin NC 28734  
Phone: (828) 349-2489 or (828) 349-2490  
Fax: (828) 349-4136  
[www.maconnc.org/environmental-health.html](http://www.maconnc.org/environmental-health.html)

\_\_\_\_\_ Date  
Owner or Legal Representative

ENVIRONMENTAL HEALTH USE ONLY	SEPTIC LOG	WELL LOG	DATE RCV'D BY	FEE PAID	ASSIGNED TO
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Macon County  
Public Health

**LEGAL REPRESENTATIVE DESIGNATION  
ON-SITE WASTEWATER/ PRIVATE WELL  
ENVIROMENTAL HEALTH**

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby grant \_\_\_\_\_  
Owners' name (print) Legal Representative (print)

permission to act as my legal representative to apply for Macon County Site Evaluation, Permitting, and Inspection activities for my property located at:

ADDRESS		PID#
SUBDIVISION	LOT	ACREAGE

Applicant assumes responsibility for ensuring that the well(s) and/ or on-site wastewater system will be located, constructed, maintained and abandoned in accordance with state requirements.

The owner or his agent shall see that a permit is secured prior to the beginning of construction of any well/ on-site wastewater system for which a permit is required.

The person owning or controlling the well/ on-site wastewater system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair.

\_\_\_\_\_  
Owners' signature Date

\_\_\_\_\_  
Legal Representative's signature Date