

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Phone: 828-884-3139, ext 243

WELL INSTALLATION OR REPAIR PERMIT

Fax: 828-884-3259

98 E. Morgan Street Suite 170 Brevard, NC 28712

Permit No.: _____ Associated Permits: _____

Date: _____ Tax I.D. No.: _____ Receipt No.: _____

Owner/Agent: _____

Address: _____

Phone: _____

Directions to property:

Subdivision: _____ Section: _____ Lot No.: _____

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site evaluation for location of a new well or repair of an existing well on the property described above. 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 ordinances, laws, and rules from other agencies that may affect the development of this property.

APPLICATION VALID FOR ONE YEAR

Owner/Agent Signature: _____ Date: _____

[Large empty rectangular box for signature and date]

Permit valid for 5 years provided site conditions do not change.

Well location, installation, and protection must meet state and local regulations. The well shall be inspected and approved by a representative of the Transylvania County Department of Public Health before any portion of the installation is put into use. The location of the well provided by the Health Department is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site by the Health Department.

WELL CAN NOT BE LOCATED IN A RIGHT-OF-WAY

Issued by: _____

Date: _____

Issued to: _____

Date: _____

Permit Expires: _____