Buncombe County Environmental Health

30 Valley St, Asheville, NC 28801 Phone: (828)250-5016 Fax: (828)250-6161 OSWWrequest@buncombecounty.org

WELL CONSTRUCTION APPLICATION

IF THE INFORMATION ON THE APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for 60 months.

Applicant:			Owner:				
			Mailing Address: City: State: Zip: Phone #:				
Property Address:			Lot #:	Block:	Section:		
Directions to prope							
WELL CONSTRUCT	ION						
Individual	□ Shared	□ Public	🗆 Repair	□ Irrigation	□ Abandonment		
The Applicant shall n question. If the answ	notify the local health de wer to any question is "y re there any current o	partment upon submit es", applicant must att	tal of this application if a ach supporting docume	any of the following app ntation.			

 \Box yes \Box no Does the site contain any existing wastewater systems?

□ yes □ no Are there any variances regarding well construction or location?

□ yes □ no Is the site subject to approval by any other public agency?

□ yes □ no Are there any easements or rights of way on this property?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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 site evaluation can be performed. **Upon final inspection your well will meet the North Carolina well construction standard requirements in accordance with the North Carolina Administration Code Title 15A subchapter 2C. Future performance of your well with respect to yield, aesthetic quality, or contamination is not guaranteed by Buncombe County.**

Property owner of	r owner's legal	representative	signature**	(required)
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Date

**Must provide documentation to support claim as owner's legal representative.

New Well Construction \$350.00

The Buncombe County Department of Health does not discriminate on the basis of race, color, national origin, sex, religion, or disability in employment or the provision of services. Revised 01/24