PIN # _____ For Office Use Only Receipt / Permit # _____ CDP#_____

**Toe River Health District - Environmental Health Section**

**Application for New Well / Repair Permit**

If the information provided in this application is falsified, changed or the site is altered, this permit becomes invalid.

**Applicant Information:**

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Applicant | Mailing Address | Home & Work Phones | Email |
| _____ | _____ | _____ | _____ |
| Owner | Mailing Address | Home & Work Phones | Email |

**Property Information**: Date originally deeded and recorded: _____

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ac |
| Property Street Address | Subdivision Name | Section/Phase/Lot# | Lot Size |

Directions to Site: _____

**Requested Permit**:

❑ New Well ❑ Repair to an Existing Well ❑ Well Abandonment ❑ Replacement or Additional Well ❑ Well Variance

**Purpose of Well:** (Check all that apply)

❑ Single -family residence ❑ Multiple -family residence or multiple residences ❑ Agricultural / Irrigation

❑ Commercial: Type of business _____

❑ Other - specify: _____

Do you intend to install the pump yourself? ❑ Yes ❑ No

Will this well have 15 or more connections? ❑Yes ❑No

Will this well service 25 or more people?❑ Yes❑ No

Are there any easements or rights-of-way on the property? ❑ Yes ❑ No

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

Will this well or system of wells have a designed capacity of 100,000 gallons per day or greater? ❑ Yes ❑ No

Are there any variances associated with this application? ❑ Yes ❑ No

Is there any type of geothermal heat pump system existing or proposed on this property? ❑ Yes ❑ No
If yes, explain: _____

Year septic was installed - if existing: _____

Have any Septic Systems (surface/subsurface) been installed OR permitted on or within 100 ft of this property?
___ Yes___ No If Yes please include any copies of septic permits applicable to this site.

Name of applicant or owner listed on septic records:_____

The issuance of a Well Construction Permit by the Local Health Department in no way guarantees sufficient yield of potable water.The Construction Permit is subject to revocation if the site plan or intended use changes. It is the responsibility of the owner or applicant to disclose all potential sources of contamination. (The Toe River Health District or the issuing EHS does not assume liability for unknown or undisclosed sources of contamination).The fee is NON-REFUNDABLE once the property is visited by an environmental health specialist.

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, corners, easements, and rights-of-way and making the site accessible so that a complete site evaluation can be performed.

_____ _____

Signature of Property Owner or Owner's Legal Representative** (required) Date

❑ Cash ❑ Check #_____ ❑ Credit Card Amount $ _____ Date: _____ Staff:_____

TOE RIVER HEALTH
AVERY & MITCHELL

## Instructions for Completing Well Permit Application

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items listed below be completed prior to the site visit. Completing these items in advance reduces the time on site and the need for return visits. We appreciate your cooperation.

****NOTE: IF THESE ITEMS ARE NOT COMPLETED AND A SITE VISIT IS MADE, A REVISIT FEE OF $100.00 WILL BE ASSESSED.****

1. ____ I have completed the "Application for a Well Permit"
2. ____ I have provided a survey or GIS tax map of the property.
3. ____ I have marked all property corners and boundaries.
   **** Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.**
   The applicant shall identify property lines and fixed reference points in the field.
4. ____ I have located all wells, springs and surface waters on the property or within 50 feet of the property.
5. ____ I have completed the Site Plan Form, showing all property lines with dimensions, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible including a north arrow or other sufficient directional indicator
6. ____ I have staked all proposed structures in their exact location on the site, including driveway.
   **** Note: All proposed structures including decks, porches, garages, driveway, etc. must be staked out on the site with stakes or flags. The specialist must be able to identify these proposed structures before the site evaluation can be performed.**
7. ____ I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
8. ____ I understand that no grading shall be performed before issuance of permit.
9. ____ I understand that if the above items are not completed, and a site visit is made, I may be assessed a revisit fee.
10. ____ I have clearly marked ***the location of any easements, rights-of-way and boundaries on the property. I have also marked all setbacks due to covenants and restrictions.***

**PLEASE COMPLETE THE ABOVE ITEMS BEFORE TURNING IN YOUR APPLICATION.**

I agree to complete the requirements listed above prior to an environmental health specialist's visit. A CA for which site plan is provided shall be valid for 60 months from the date of issuance.

Your application and the application fees paid will be valid for a period of twelve months from the date of receipt. After twelve months, the application is void and the fee is non-refundable.

_____ _____

Owner Signature Date

**Avery County Health Dept. 545 Schultz Circle**
**Newland, NC 28657**
**828-737-6059**

**Mitchell County Health Dept. 130 Forest Service Dr. Ste D**
**Bakersville, NC 28705**
**828-688-5067**

TOE RIVER HEALTH
AVERY & MITCHELL

## ENVIRONMENTAL HEALTH SECTION
## PROPERTY OWNER CONSENT FORM

I, _____, am the legal owner(s) of the property located at
Owner's Name – Please Print

_____
Property Address

Identified as Parcel Identification Number (PIN) _____

located in ☐ Avery County ☐ Mitchell County

I do hereby authorize _____
Legal Representative – Please Print

To act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) Authorization to Construct (CA)
- Improvement Permit (IP) / Authorization to Construct (CA)
- Application for soil-site evaluation
- Application/permit for private drinking water well/ well abandonment/ well repair
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Department of Environmental Health.

I can be contacted at (phone number): _____by the Health Department Environmental Health Services staff prior to a scheduled appointment with my agent.

_____ _____
Owner Signature Date

**Applications for permits require the signature of the owner or the owner's legal representative. Along with this form, they can submit any of the following documents to designate their legal representative:**

- **Power of Attorney**
- **Real Estate Contract**
- **Estate Executor**
- **Bankruptcy Trustee**
- **Court Ordered Guardianship**

## Site Plan

**Instructions To Applicant**: The environmental health specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged on the lot and drawn below with dimensions included.

**** SEE NEXT PAGE FOR EXAMPLE OF COMPLETED SITE PLAN FORM ****

IF THE INFORMATION IN THE APPLICATION FOR A WELL PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE WELL PERMIT SHALL BECOME INVALID.

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

_____ _____

Signature of Property Owner or Owner's Legal Representative Date

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

**Avery County Health Dept. 545 Schultz Circle**
**Newland NC 28657**
**828-737-6059**

**Mitchell County Health Dept. 130 Forest Service Dr. Ste D**
**Bakersville, NC 28705**
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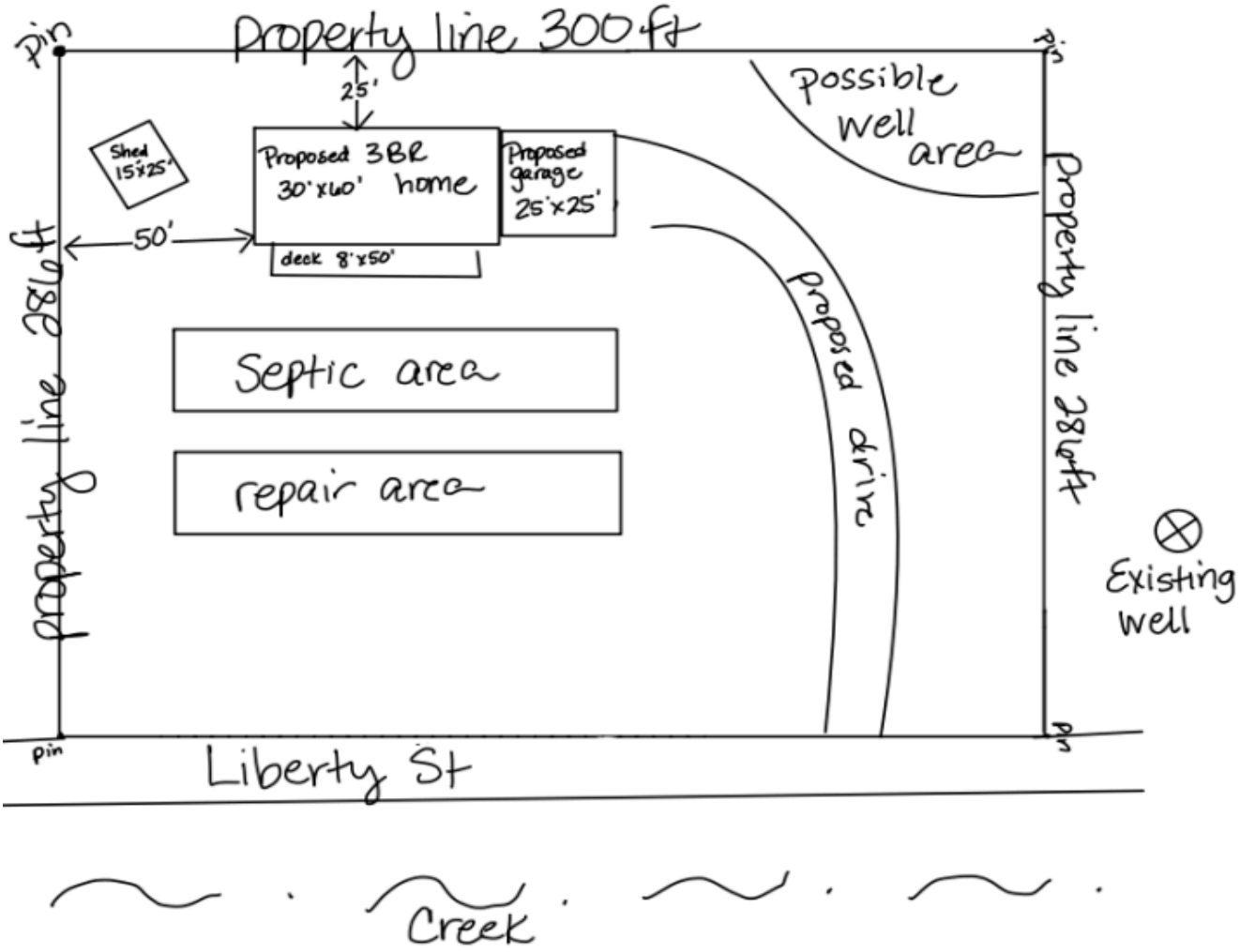
## EXAMPLE SITE PLAN




**Site plan must show:**

- all property lines
- proposed structures including house, garage, sheds, carports, pools, etc
- proposed and existing wells and springs
- neighboring septic systems and water supplies within 50’ of property
- bodies of water such as streams, lakes, ponds, etc
- existing and proposed roads and drives

**TOE RIVER HEALTH DISTRICT**
**Avery & Mitchell County**
**Health Departments**

**INSTRUCTIONS:**
**How to mark your property for a well permit**

1. **Find and clearly mark all property lines.**
   a. Locate the **property line pins (all of them!)**
   b. Contact a surveyor to locate the pins if you cannot locate them.
   c. Expose the tops of pins and spray paint or attach a flag or ribbon to pins.
   d. Place a wooden stake next to the pins to help the environmental health specialists easily see them.
   e. Clearly mark **ALL** property corners.
2. **Clearly mark all easements and rights-of-way with wooden stakes**. Paint or flag these stakes with a different color to differentiate between a right-of-way and a property line
3. **Clearly mark all property lines with wooden stakes every 50 feet** (flagging can be substituted if lot is wooded)
4. **Mark all the structures you plan to build on your lot using stakes or wire flags to indicate the shape and size of the structures** (exactly as you drew on your site plan)
   **INCLUDING:**
   a. **Your home + decks + porches + patios + pickleball court**
   b. **Both sides of your driveway** (so we know how wide it will be)
   c. **Sheds, barns, buildings**
   d. **Swimming pool**
   e. **Other accessory structures** (anything you may want to build one day)
5. **Sketch existing well, septic tank and drainfield locations on your plan.**
6. **Clearly mark the septic tank with a flag or stake.**
7. **Walk your property, look around and VERIFY it's accessible.**
   **a. NO UNDERBRUSH, BRIARS, GRASS OR WEEDS TALLER THAN 8."**
   **b. We have to be able to see topography, slopes, property lines and property corners from all directions.**
   **c. If you can't walk it, we can't walk it and we MUST walk it!**
8. **Any part of the site marking policy is not met = possible Revisit Fee!**
9. **Review example pictures for help and CALL with questions**

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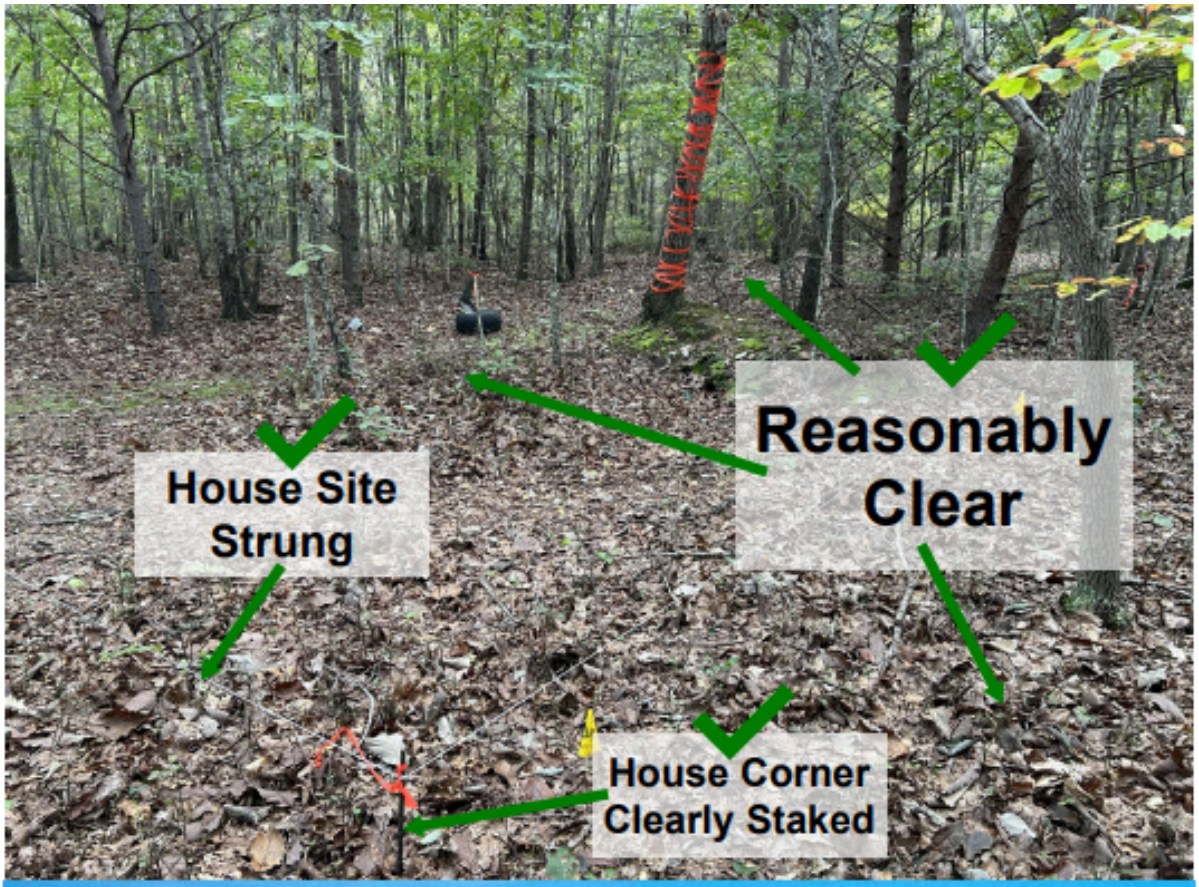

House Site Strung
Reasonably Clear
House Corner Clearly Staked


X
No house site, property lines, driveway, or any other structures marked


Not
Reasonably
Clear


All Property
Corners Must
Be Clearly
Marked


Property corner
clearly marked
Property lines
strung from
corner-to-corner

# Wellhead Completion Guide

Per North Carolina General Statute 87-98.4 (b)(2), a person may install a pump on a well that is located on land owned or leased by that person. If you choose to install your own pump, be aware that you are responsible for the following:

An identification plate showing:
- Name of the pump installer
- Date the pump was installed
- Depth of the pump
- The pump's horsepower rating

The plate must be securely attached to either the aboveground portion of the well casing, surface grout pad or the enclosure floor if present. The identification plate shall be constructed of a durable waterproof, rustproof metal or equivalent material.

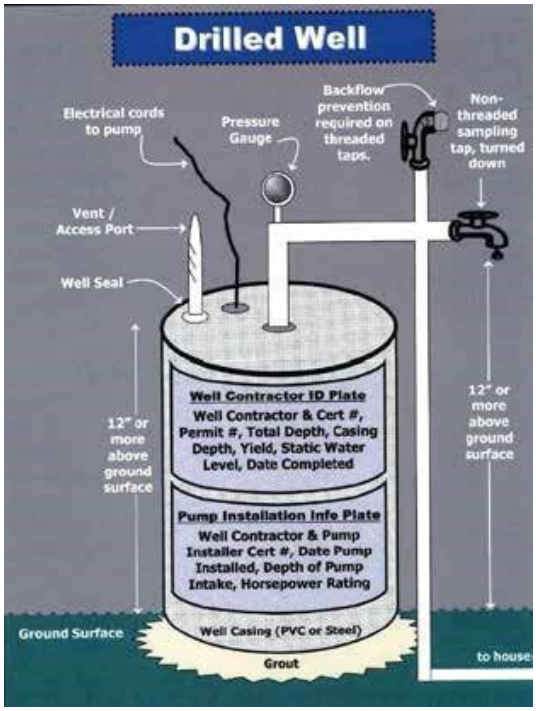
The well shall be vented at the wellhead to allow for pressure changes within the well. Any vent pipe or tube shall be screened or otherwise designed to prevent the entrance of insects or other foreign materials.

A threadless hose bibb shall be installed at the wellhead by the person installing the pump. If the well head is also equipped with a threaded hose bibb in addition to the threadless sampling tap, the hose bibb shall be fitted with a backflow preventer or vacuum breaker. The threadless sampling tap must be turned downward, located a minimum of 12 inches above land surface, floor, or well pad; and positioned such that a water sample can be obtained without interference from any part of the wellhead.

All openings for piping, wiring, and vents shall enter into the well at least 12 inches above land surface and shall be adequately sealed to preclude the entrance of contaminants into the well. The opening where pump wires pass through the well head is typically sealed with caulk. The rope attached to the pump should pass through the same opening as the pump wiring. DO NOT bring the rope through the threaded opening meant for the well vent.

The well seal should be flush with the top of the casing. The rubber gasket on the seal should not be visible.

If someone other than the property owner or lessee installs the pump or performs any other activity that breaks the well seal, that person MUST be a licensed driller or licensed pump installer.



# *Environmental Health Services Fee Schedule*

**TOE RIVER HEALTH DISTRICT**
**Avery & Mitchell County**
**Health Departments**

## On-Site Wastewater

| | |
|---|---|
| Single-Family Residence | $.30 Per heated sq ft |
| Soil Evaluation | $480 |
| Soil Evaluation over 500 sq ft | $.30 per heated sq ft |
| Composting/ Incinerating Toilets | $150 |
| Septic Repair | $0.00 |
| Septic Verification | $100.00 |
| Septic Expansion | $336.00 |
| Septic Relocation | Half Price of new Application |
| Re-Site Visit | $100.00 |
| Permit Change | $100.00 |
| RV/Camper/Yurt/Tiny House up to 500 sq ft | $150.00 |
| Addition to Structure w/ Copy of Existing Permit<br>W/out Copy of Permit (Verification) | $50.00<br>$100.00 |
| Engineered Option<br>AOWE<br>A2 IP/CA | $35<br>$35<br>30% |
| 1 Bedroom | Under 500 sq ft- $150<br>Over 500 sq ft- $0.30 sq ft |

## Well Permit

| | |
|---|---|
| Well Permit | $325.00 |
| Well Repair | $50.00 |
| Change of Permit | $100.00 |
| Well Abandonment | $50.00 |
| Site Visits beyond 4 | $50.00 |

# Water Testing

| | |
|---|---|
| Bacterial | $75 |
| Inorganic Chemical | $125 |
| Bacterial & Inorganic Chemical | $175 |
| Anions | $125 |
| Organochlorine Pesticides | $125 |
| Nitrogen-Phosphourous Pesticides | $125 |
| Herbicide/ Glyphosate | $125 |
| VOC's/ Petroleum | $125 |

# Food

| | |
|---|---|
| Food Plan Review | $250 |
| New Location Review | $250 |
| Limited Food Service Establishment Permit Application (Sporting- Schools/Rec) | $75 Yearly |
| Mobile Food Unit/Push Cart | $75 |
| Temporary Food Establishment Vendor | $75 |
| Transitional Plan Review | $100 |

# Pool

| | |
|---|---|
| New Pool | $300 |
| Pool Renewal Permit | $200 |

# Tattoo

| | |
|---|---|
| Artist Fee (with Bloodborne Pathogens certification) | $500 |
| Parlor Fee | $700 |

# Commercial

| | |
|---|---|
| Building, Multiple Houses, Mobile Home Parks and Business Establishments (GPD= Gallon Per Day) | 100-360 GPD $400<br>361-500 GPD $500 |
| Each Additional 500 GPD | + $300 |
| Residential Developments That Request an Improvement Permit Only | Per site $480 |
| Drip Irrigation/ Type V systems | Annually $125 |

| | |
|---|---|
| Return Check Fee | $25 |
| Service Fee | $25 |