Forsyth County
Department of Public Health
Promoting Health, Improving Lives

Environmental Health Division
P.O. Box #686, 799 N. Highland Avenue
Winston-Salem, NC 27101
PHONE: 336-703-3225
FAX: 336-727-2183

Well Construction Application

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

APPLICANT INFORMATION

_____ _____ _____
Applicant Name **Street Address, City, State, Zip** **Contact Phone**

PROPERTY INFORMATION

Proposed use of well: Single Family _____ Multi-family _____ Church _____ Restaurant _____ Business _____
Water Supply Wells Not Intended For Human Consumption (i.e. Irrigation, Livestock, etc.) _____
Replacement well or Water Supply Well on existing site? (Yes or No)____If yes, complete the Underground Utilities Location

_____ _____ _____ _____ _____
Site Address **Subdivision Name** **Tax Lot #** **Tax Block #** **Pin Number**

Directions to the Site: _____.
_____..

The Applicant must submit a Site Plan. The Site Plan is a map or drawing of the property and must show:

1. **existing and proposed property lines and easements with dimensions; as well as be marked on the site.**
2. **the location of the facility and appurtenances; must be marked on the site if not existing**
3. **the location for the proposed well; and existing wells if applicable.**
4. **the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;**
5. **the location of any existing wells within 100 feet of the property; surface water bodies;**
6. **above ground and/or underground storage tanks;**
7. **any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)**
8. **any variances regarding well construction or location issued under 15A NCAC 02C .0118.**

UNDERGROUND UTILITIES LOCATION

You must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site investigation. There is no charge for this service. The NC One Call Center will issue you a ticket number and a date that they will visit to mark the underground lines.

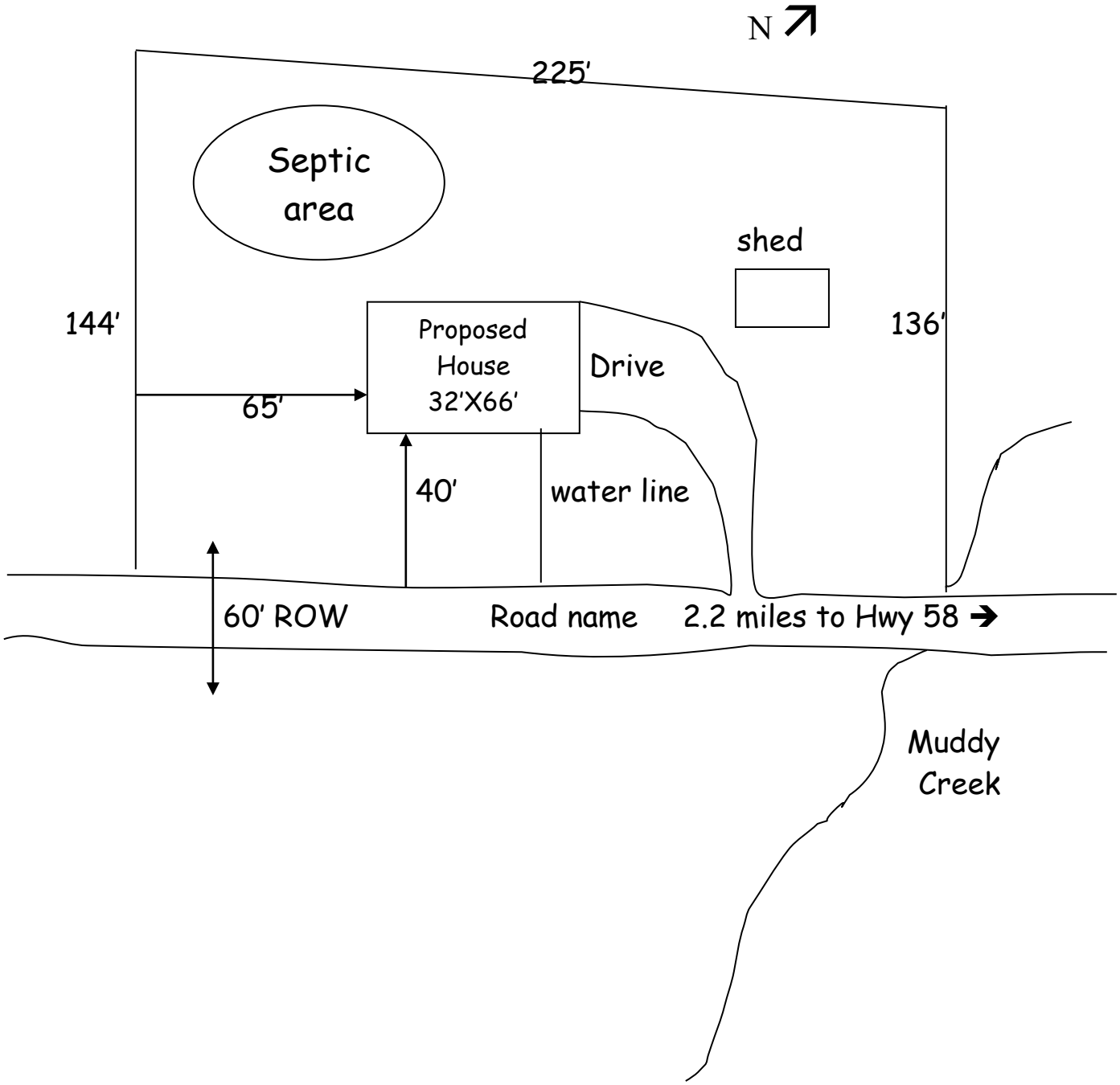
TICKET NUMBER: _____ VISIT DATE: _____

The Applicant shall notify the Forsyth County Health Director through or by way of the Forsyth County Division of Environmental Health if any of the following occur prior to well construction: A. There is a relocation of the residence or business; B. There is a change or intended use of a structure of building; C. There is a need for installing the septic system in an area other than indicated on the well permit; or D. There are landscape changes that affect site drainage.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Forsyth County Department of Public Health and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

_____ _____
Property Owner's or Owner's Legal Representative Signature Required **Date**

Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 703-3225