

WELL PERMIT
ENVIRONMENTAL HEALTH REQUIREMENTS

*The following numbered items **MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the WELL PERMIT application form.** Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.*

Statesville Office

318 Turnersburg Highway

Statesville, NC 28625-8997

Phone: (704)878-5305

This office closes 12-1:00 daily for lunch.

Mooresville Office

610 East Center Avenue

Mooresville, NC 28115-2548

Phone: (704)664-5281 option 3

Clerical staff only 8:00-12:00 daily.

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1. **Complete the Environmental Health Well Application form** with site plan. Well fees can be paid directly at one of the Environmental Health offices listed above.
 2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
 3. **Stake or flag where you want your well.**
 4. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
 5. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly.

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ Date_____

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305

Mooresville Office 704-664-5281 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Applicant Name	Street, City, State, Zip	Phone Number
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number
Well Site Location / Street Address	Subdivision	Lot Number
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)

Directions from here to your site

All site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction must be identified on the site plan sketch below.

SITE PLAN SKETCH

CHECK AS APPLICABLE:

- There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)
- There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.
- There is an easement, right-of-way or other encroachment agreement applicable to this parcel.

By signing below I acknowledge that the information provided herein is true, complete and correct. Furthermore, I grant authorized county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand 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 investigation can be performed.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE