

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
349 N. Center St.
Statesville, NC 28677
Phone: (704)878-5305

Mooresville Office
610 East Center Avenue
Mooresville, NC 28115-2548
Phone: (704)664-5281 option 3

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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 applicant being charged a site revisit fee of \$100 and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of \$50 to defray a portion of the costs of processing the refund.

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

Signature _____ Date_____

**DOCUMENTATION TO AUTHORIZE AN OWNER'S
LEGAL REPRESENTATIVE**

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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 (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)

Date

Signature of Witness

Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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