

Henderson County Department of Public Health

Steven E. Smith, MPA, Health Director |Seth Swift, R.H.E.S., Environmental Health Supervisor

1200 Spartanburg Highway, Suite 100, Hendersonville, NC 28792 Main Phone: (828) 694-6060 | Administration FAX: (828) 697-4523

Application for Private Drinking Water/Well

APPLICANT INFORMATION

Applicant Address		Contact Phone #	
Owner	Address		Contact Phone #
PROPERTY INFORMATION			
Street Address	Subdivision I	 Name	Section/Phase/Lot#
Directions to Site:		Lot Size	
Existing Water Supply Spring		/ell □ Regulated Facility Well (.1700	
☐ I am applying for a NEW Prive	ate Drinking Water Well	Please Select Type of Privat	te Drinking Water Well
☐ I am applying for a REPAIR of Well Type of well: Bored Drilled Dug Driven N/A	of a Private Drinking Water	☐ Single Family PDW Well ☐ Shared PDW Well (servin) ☐ PDW for Regulated Facilit 18A .1700 Rules) ☐ Irrigation Only: # of Occupants	ig more than 1 home) ity (i.e. Restaurant)(SA NCAC
☐ I am applying for ABANDON Water Well	MENT of Private Drinking	Comments:	
☐ I am applying for a CHANGE in Well Location			
☐ My Existing Water Supply is L)en		

NCDHHS/DPH/EHS/WP Revised 4/11/2023



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The Applica	ant shall notify the local health department upon submittal of this applica. If the answer to any question is "yes", applicant must attach supporting	
□Yes □No □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No	Does the Site contain any existing wastewater systems? Is the site subject to approval by any other public agency? Are there any easements or right of ways on this property? Are there any known landfills within 500 feet or waste storage within 100 feet of the Are there any wells, springs, or water lines on this property? Is the site within a floodway or floodplain? Does this site contain any fertilizer, pesticide, herbicide, other chemical storage	
granted right responsible f	his application and certify that the information provided herein is true, complete a of entry to conduct necessary inspections to determine compliance with application the proper identification and labeling of all property lines and corners as an be performed.	ole laws and rules. I understand that I am solely
	FORMATION IN THE APPLICATION FOR A WELL IMPROVEMENTS TERED, THEN THE WELL IMPROVEMENTS PERMIT SHALL BECOME	
	ce of permit by Henderson County Environmental Health does not guarantee or i	
Please provid	de a valid email address	
	ner's or owner's legal representative** signature (required) ide documentation to support claim as owner's legal representative.	Date .

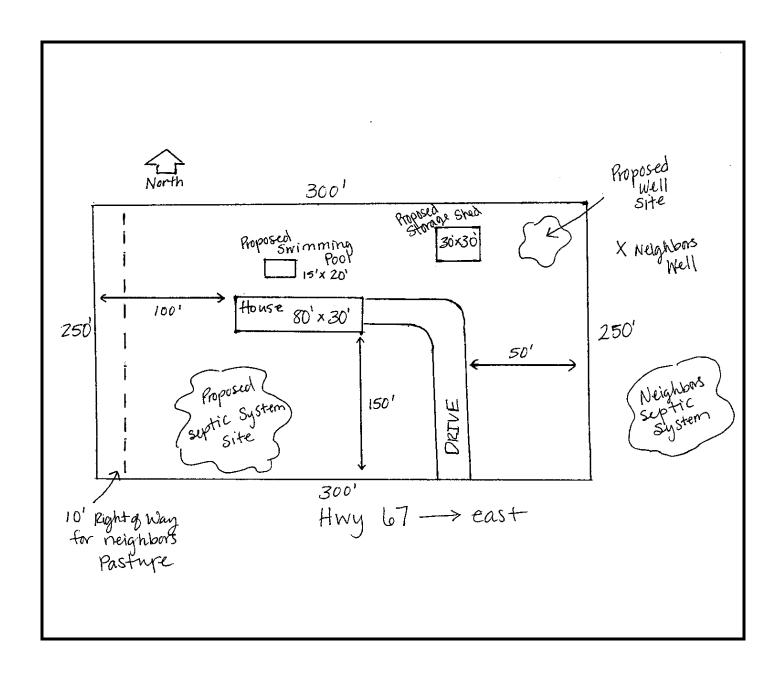
NCDHHS/DPH/EHS/WP Revised 4/11/2023

Henderson County Department of Environmental Health Site Plan Form

Instructions to Applicant: A site evaluation will not be scheduled until a site plan is sufficiently completed. Please provide a site plan as close to scale as possible that also includes:

hereby agree that the information shown is correc	t to the best of my knowledge.	
		_
Signature of Authorized Agent/Owner	Date	

EXAMPLE SITE PLAN



If you have questions or need clarification about how to complete your site plan, please call us at 828-694-6060

Required Steps for New Well Permit Applications

Name of Applicant		
Site Address or REID #		
Please initial each step below <i>after</i> each step has been complete. By initialing you are confirming that each step has been completed.		
NOT HAVING THE ITEMS BELOW COMPLETE WHEN THE INSPECTOR ARRIVES WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT		
 The proposed well site has been clearly marked/flagged and is clear of underbrush. INITIAL:		
NOT HAVING THE ABOVE ITEMS COMPLETE WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT		
WHEN ITEMS ABOVE ARE COMPLETE PLEASE SUBMIT USING ONE OF THE FOLLOWING OPTIONS:		
 Upload to online portal Call office at: (828) 694-6060 or (828) 694-6043 EMAIL FORM TO: HCDPH_EnvHealth@hendersoncountync.gov Fax to (828) 697-4523 		
Thank you!		
Date received by ENV Health:		
Permit Number:		



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l,	(NAME OF OWNER – Print)
do authorize	_ (NAME OF APPLICANT – Print)
to act as my agent in obtaining the septic and	d/or well permit(s) from the
Henderson County Department of Public Hea	alth.
Address/Pin Number of Property:	
Signed:	
Date:	

NOTE: All blanks must be filled in or this form will <u>not</u> be accepted.

SITE FOR HEALTH DEPARTMENT EVALUATION

SUBDIVISION NAME
ADDRESS
LOTALIMEDED
LOT NUMBER
NAME OF OWNER/AGENT

INSTRUCTIONS:

PLEASE POST THIS CARD ON THE LOT TO BE EVALUATED, IN A LOCATION THAT IS READILY VISIBLE FROM THE ROAD. LOCATE AND CLEARLY FLAG SURVEY CORNERS OR PROPOSED CORNERS OF LOT TO BE EVALUATED.