



WELL PERMIT APPLICATION

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
80 EAST ST, P.O. BOX 130 • PITTSBORO, NC 27312
PHONE 919-542-8208 • FAX 919-542-2473
www.chathamcountync.gov/environmentalhealth

OFFICE USE ONLY
Record #: EH-\_\_\_\_ - \_\_\_\_
Initials \_\_\_\_\_
Date Rec'd: \_\_\_\_\_
Amt. Rec'd: \_\_\_\_\_
REHS: \_\_\_\_\_
Appt Date: \_\_\_\_\_
Time: \_\_\_\_\_

New Well Well Setback Approval Well Repair Abandonment

Owner: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone #: \_\_\_\_\_
Email: \_\_\_\_\_

Applicant: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone #: \_\_\_\_\_
Email: \_\_\_\_\_

9-1-1 Address of the Property: \_\_\_\_\_
City: \_\_\_\_\_ State NC Zip Code: \_\_\_\_\_
Parcel ID # \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

Complete Section Below for Well Permit or Well Abandonment:

Residential Well: Irrigation Well: Commercial Well:
New Repair Resite Abandonment
Environmental Health Requirements for Well Permit:
SUBMIT A SITE PLAN DRAWING OF THE PROPERTY SHOWING THE DESIRED LOCATION & ANY EXISTING SEPTIC SYSTEMS, DWELLINGS, BUILDING, DRIVEWAYS, SHEDS, CAR PORTS, ETC.

Complete Section Below for Well Setback approval:

A PROPOSED ADDITION TO THE PROPERTY
GIVE DESCRIPTION OF ADDITION(INCLUDING DIMENSION): \_\_\_\_\_
IF WELL SETBACK APPROVAL IS FOR A MOBILE HOME WILL A DECK/PORCH BE ADDED?: \_\_\_ Yes \_\_\_ No
IF YES, LIST DIMENSION \_\_\_\_\_
Please list original owner of property : \_\_\_\_\_
Environmental Health Requirements for Well Setback Approval Permit:
SUBMIT A SITE PLAN DRAWING OF THE PROPERTY SHOWING THE DESIRE LOCATION & ANY EXISTING SEPTIC SYSTEMS, DWELLINGS, BUILDINGS, DRIVEWAYS, SHEDS, CAR PORTS, ETC.

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 and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Owner or \*Legal Representative Signature Date Applicant Signature Date

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