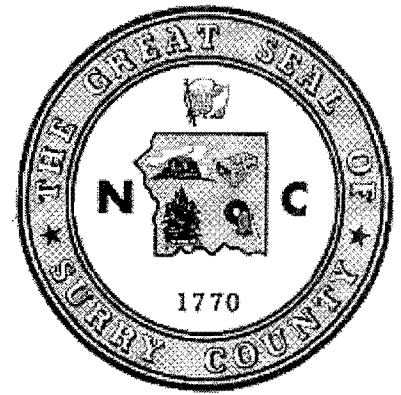


# SURRY COUNTY HEALTH & NUTRITION CENTER



## Well Permit 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/Owner \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

### PROPERTY INFORMATION

Street Address \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Tax Lot # \_\_\_\_\_ PIN # \_\_\_\_\_

New well construction: \_\_\_\_\_ Repair Well: \_\_\_\_\_

Proposed use of well: Single Family \_\_\_\_\_ Multi-family \_\_\_\_\_ Church \_\_\_\_\_ Restaurant \_\_\_\_\_ Business \_\_\_\_\_ Irrigation \_\_\_\_\_

### 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/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenances;
3. the location for the proposed well;
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. and any other known sources of contamination within 100 feet of the proposed well site.

The applicant is responsible for marking these on the site.

**\*\*If these are NOT marked on the site, THERE WILL BE A REVISIT FEE (\$65.00) CHARGED. This fee must be paid prior to any further work being done on the site.**

The Applicant shall notify the Surry County Health Director through or by way of the Surry County Division of Environmental Health if any of the following occur prior to well construction:

- A. There is a relocation of the proposed facility;
- B. There is a change in the intended use of the facility;
- C. There is a need for installing the waste water system in an area other than indicated on the well permit; or
- D. There are landscape changes that affect site drainage.

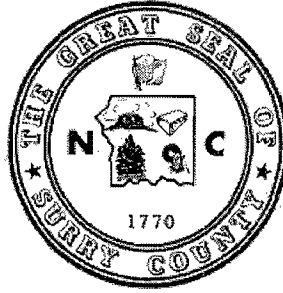
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Surry County Health and Nutrition Center and state officials are granted right of entry to 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 \_\_\_\_\_

**Environmental  
Health  
Department**



**SURRY COUNTY GOVERNMENT  
CENTER  
118 HAMBY RD.  
DOBSON, NC 27017**

**COUNTY OF SURRY, NORTH CAROLINA**

**Authorization for Signing and Obtaining Permits**

I, \_\_\_\_\_, do hereby authorize the following person(s)  
(print your full name)

to sign, pick-up, and obtain my Environmental Health permits on my behalf.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

I ask Environmental Health to allow the aforementioned person(s) to act in my  
stead in signing and obtaining my Environmental Health permits.

\_\_\_\_\_  
**Applicant or Legal Representative**

\_\_\_\_\_  
**Date**

**Surry County Health & Nutrition Center**  
**Division of Environmental Health**  
**SERVICE INVOICE**

DATE OF APPLICATION \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

OWNER NAME \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

TAX LOT \_\_\_\_\_ PIN NUMBER \_\_\_\_\_

**APPLICATION FOR:**

**SOIL SITE EVALUATION (RESIDENTIAL & NONRESIDENTIAL)**

	<u>FEE</u>	<u>COST</u>
100-240 GPD (2 Bedroom)	\$ 160	_____
241-360 GPD (3 Bedroom)	\$ 225	_____
361-480 GPD (4 Bedroom)	\$ 280	_____
481-720 GPD (5,6 Bedroom)	\$ 325	_____
721-1500 GPD	\$ 625	_____
1501-2999 GPD	\$ 925	_____
3000 GPD and up	\$ 1250	_____

**ENVIRONMENTAL HEALTH APPROVAL** \$ 65 \_\_\_\_\_

**REDRAW OF IP/CA** \$ 35 \_\_\_\_\_

**SITE REVISIT** \$ 65 \_\_\_\_\_

**ANY PUMP INSTALLATION** \$ 65 \_\_\_\_\_

**WELLS**

Well Construction Permit	\$ 260	_____
Well Abandonment	\$ 250	_____
Water Sample, Bacteria	\$ 35	_____
Water Sample, Chemical	\$ 35	_____
Water Sample, Petroleum	\$ 100	_____
Water Sample, Pesticide	\$ 100	_____

**PUBLIC SWIMMING POOLS**

Annual Permit Fee for Swimming Pool, Spa, Wading Pool	\$ 100	_____
Any additional Pool, Spa, Wading Pool at same site	\$ 50	_____
Plan Review for Swimming Pool, Spa, Wading Pool	\$ 190	_____
Additional Plan Review at Same Site	\$ 50	_____

**TATTOO'S**

Tattoo Artist/Establishment Annual Fee \$ 125 \_\_\_\_\_

**FOOD & LODGING**

Plan Review	\$ 200	_____
TFE Permit	\$ 75	_____

**TOTAL AMOUNT** \$ \_\_\_\_\_