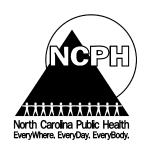
Forsyth County Department of Public Health Well Construction Permit Application



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 INFO	RMATION		
Applicant/Owner	Street Address, City, State, Zip		Home/Work Phone	
Water Sup	PROPERTY INFO	Church Resta	ation, Livestock, etc	e.)
Street Address	Subdivision Name	Tax Lot #	Tax Block #	Pin Number
Directions to the Site:				·
4. the location of existing well; 5. the location of any ex 6. above ground and/or 7. any current or pendi 8. any variances regard You must call the NC One Call Cent	roposed well; and existing wells if a g or proposed sewer lines and/or s disting wells within 100 feet of the p underground storage tanks; and restrictions regarding groundwing well construction or location is UNDERGROUND UTILITED. 1800-632-4949, to locate underground collisions.	ewage disposal system property; surface water as specified in sued under 15A NCA FIES LOCATION pund electrical lines prio	er bodies; n G.S. 87-88(a) C 02C .0118. r to our on-site inves	stigation. There is
	One Call Center will issue you a refere umber and the date of the visit must b			
REFERENCE NUMBER	: <u>V</u>	/ISIT DATE:		
of Environmental Health if any or business; B. There is a change	fy the Forsyth County Health Dire of the following occur prior to well ge or intended use of a structure of icated on the well permit; or D. T	construction: A. The building; C. There i	ere is a relocation of s a need for install	of the residence ing the septic
and correct to the best of my know Public Health and state officials applicable rules. <i>I understand the underground utility lines, and ma</i> Mail the application and fee to: Salem, NC 27102-0686, or you may be salem, NC 27102-0686, or you may be salem.	pleted this Application and certify owledge and is given in good faith. are granted right of entry to conduct I am solely responsible for the pricing the site accessible so that a well-forsyth County Department of Pulsay hand carry the payment to the echours of 7:30 a.m. and 5:00 p.m.	Representatives of the let necessary inspection and let can be properly consiblic Health, Attn: Cas	te Forsyth County ons to determine control labeling of all protructed according the hier, P.O. Box 686	Department of compliance with perty lines, to the permit.
Property Owner's or	Owner's Legal Representative	Signature Required	<u> </u>	——————————————————————————————————————