

Gaston County Application for Construction, Repair, or Abandonment of a Private Drinking Water Well

IF THE INFORMATION IN THE APPLICATION FOR A PRIVATE DRINKING WATER WELL PERMIT IS FALSIFIED, CHANGED, OR USE OF WELL CHANGES, THEN THE PERMIT SHALL BECOME INVALID. THE PERMIT IS VALID FOR 60 MONTHS.

Applying for: New Well Repair Existing Well Abandon Well

Applicant Information

Applicant's Name	Mailing Address	Home/Work/Cell Phone #
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Owner's Name	Mailing Address	Home/Work/Cell Phone #
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Property Information

Street Address	City	Zip Code
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Subdivision Name	Lot #/Block/Phase	Tax ID # (PID/PIN)
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Detailed Directions to the Site

Intended Use(s) of Property: _____

Residential Commercial - Specify type of business: _____

Are there any current or pending restrictions regarding groundwater use?

No Yes If yes, please explain _____

Are there any variances regarding well construction or location?

No Yes If yes, please explain _____

Will this be a shared well? No Yes

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted 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 so that a complete site evaluation can be performed. It is the responsibility of the person signing below to ensure compliance with any other local town, city, or county ordinances.

Property owner's or owner's legal representative** signature (required)	Date
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**Must provide documentation to support claim as owner's legal representative.

Well Site Plan

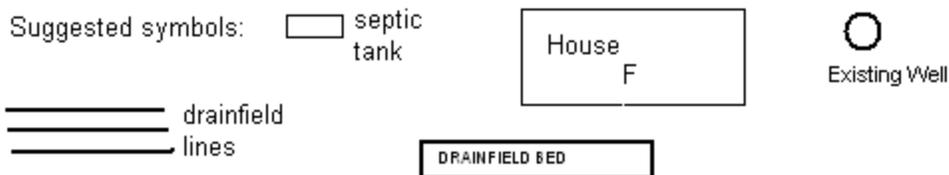
Place an X beside each item that has been indicated on your site plan.

A site plan must show the following items:

Draw:

- ___ Lot showing lot dimensions and orientation to streets and roads;
 - ___ any structures on property such as house, mobile home including porches and decks and outbuildings;
 - ___ any proposed and/or existing septic systems and washer pits on this property and any on adjacent properties;
 - ___ any proposed structures or appurtenances;
 - ___ easements or rights of way and utility easements;
 - ___ existing wells or springs;
 - ___ surface water or designated wetlands;
 - ___ chemical or petroleum storage tanks;
 - ___ landfills or waste storage;
 - ___ underground storage tanks and above ground storage tanks;
 - ___ any known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the well construction site.
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Use this sheet or attach a separate sheet.



GASTON COUNTY
Environmental Health
991 W. Hudson Blvd- Gastonia, NC 28052
(704) 853-5200 / Fax (704) 853-5231

AUTHORIZATION FORM

Property Address: _____

Property Tax ID: _____

PID or PIN

I, _____, the agent of the owner of the above-referenced property hereby request a representative of the Gaston County Health Department to conduct a field investigation to evaluate the topography, landscape position, available space, and potential sources of groundwater contamination on or around the site a private drinking water well is to be located. I authorize representatives of the Gaston County Health Department to enter the property and use whatever methods are reasonably necessary to make this determination.

Agent's Name Print

Agent's Signature

Date

Telephone #

Owner's Name Print

Owner's Signature

Date

Telephone #