



**Cherokee County Health Department**  
**Phone (828) 835-3853 · Fax (828) 835-7854**  
**APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT**

OFFICE USE	
_____	Amt
_____	Date
_____	Initials
_____	Receipt #

**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. The permit is valid for 60 months.**

_____	_____	_____
Applicant Name	Mailing Address	Home & Work Phone
_____	_____	_____
Property Owner	Mailing Address	Home & Work Phone

**PROPERTY INFORMATION**

_____	_____	_____	_____
Street Name & Address	Subdivision Name	Section/Block/Lot#	Acreage

Directions from Health Department to site: \_\_\_\_\_

**WELL PERMIT TYPE**    NEW     ABANDONMENT     REPAIR     Please specify type of repair: \_\_\_\_\_

**INTENDED USE OF NEW WELL**

Residential:    Serving one single family dwelling     Serving more than one single family dwelling

- List all Residences to be served by Shared Well by Physical Address or Lot #: \_\_\_\_\_
- Y / N Is well to serve 15 or more connections or 25 or more people?

Non-Residential (Specify): \_\_\_\_\_

<b>OFFICE USE:</b> Permit # _____    PIN # _____    ZONE _____
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**APPLICANT MUST CHECK ALL. (If "yes" to any, must include location on site plan)**

- Y / N Have any septic systems (surface/subsurface) been installed *OR* permitted on or within 100ft of this property? *If "yes" please include any copies of septic permits applicable to this site*
- Y / N Are there any easements or right of ways on this property?
- Y / N Are there any existing wells, springs or water lines on this property?
- Y / N Are there any surface water bodies or designated wetlands on this property?
- Y / N Are there any below ground chemical or petroleum storage tanks on this property?
- Y / N Are there any known landfills, waste storage on this property?
- Y / N Is there any known underground contamination on this property?
- Y / N Are there any fields on or adjacent to property that are used for industrial, municipal sludge spreading or wastewater-irrigation sites?
- Y / N Have any variances regarding well construction or location been granted?
- Y / N Are there any current or pending restrictions regarding groundwater use on this site?

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 field investigation can be performed.

_____	_____
Property owner's or owner's legal representative* signature	Date

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

## SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan. Please circle "N/A" for items that are not applicable. **Incomplete site plans will be returned to you for completion.** Please note: Your property will not be evaluated until we have received a complete application with sufficient site plan, and all proposed items are marked on the property.

- Dimensions of property (plat is preferred but not required – site plan drawing may be completed on copy of plat)
- Preferred well area
- Existing wells, springs and/or water lines on property
- North Arrow
- N/A  House site dimensions (If home is proposed, *please include measurements from property line or other fixed reference point*)
- N/A  All other existing and proposed structures (outbuildings, barns, pools, etc) and driveways
- N/A  Septic system and repair areas, including sewer lateral line from house/building to tank
- N/A  Septic systems on adjoining lots if proposed well area is less than 100 ft to property line
- N/A  Easements and/or Right of Ways (Including road right of ways, power line right of ways, septic easements, etc)
- N/A  Surface waters or designated wetlands on or adjoining this property
- N/A  Chemical or Petroleum storage tanks (above and/or below ground) on or adjoining this property
- N/A  Any other sources of contamination
- N/A  Industrial, municipal sludge spreading or wastewater-irrigation site on or adjoining this property

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**MINIMUM DISTANCE REQUIREMENTS:**

## Septic Systems:

Single Connection Well – 50 ft

Shared Well – 100 ft

Sewer Lateral from Home – 25 ft

**Building Foundations – 25 ft**

Chemical Storage – 100 ft

Petroleum Storage Tanks for heating (Excluding propane) – 50 ft

Barns/Feedlots – 100 ft (Minimum of 50 ft for single connection wells)

Sanitary Landfills – 500 ft

## Surface Water:

Streams/Creeks – 25 ft

Ponds/Lakes – 50 ft

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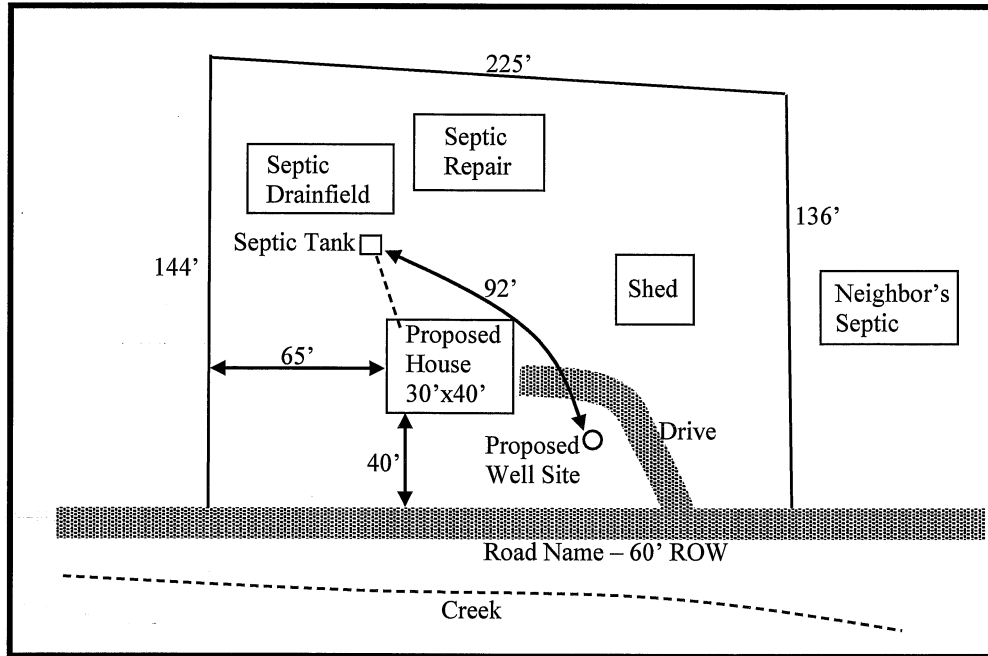
**USE SPACE BELOW TO DRAW SITE PLAN OR DRAW ON ATTACHED SURVEY PLAT**

(See example of an approved site plan on next page)



CHEROKEE COUNTY HEALTH DEPARTMENT  
Environmental Health Section  
Well Permit Application

Site Plan Example:



## WELL APPLICATION CHECKLIST

You must use flagging tape/stem flags to mark the following on the property:

- Property lines every 30 feet if proposed well location is within 50 feet of property line
- **Proposed or existing septic system/repair sites** (You must know the general location of septic systems on your property as well as adjoining properties)
- Corners of house site if not existing
- Any proposed sheds, barns, petroleum storage tanks, etc.
- Location of any existing wells on property



**CHEROKEE COUNTY HEALTH DEPARTMENT**  
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**STATEMENT OF SITE PREPAREDNESS**

The following items must be completed on the property. The owner/applicant must initial that each item is complete and sign/date at bottom.

- All property lines marked on the property \_\_\_\_\_  
(initial)
- If house is not existing, four corners of house site marked \_\_\_\_\_  
(initial)
- Proposed well site marked \_\_\_\_\_  
(initial)
- Septic areas marked \_\_\_\_\_  
(initial)
- Proposed outbuildings, pools, garages, etc marked \_\_\_\_\_  
(initial)
- Dense undergrowth in well area has been cleared \_\_\_\_\_  
(initial)

**I understand if the items listed above are not complete at the time of the well site evaluation, a revisit fee of \$75 may be required before a revisit will be done.**

\_\_\_\_\_  
Well Permit Applicant/Owner

\_\_\_\_\_  
Date