

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052 704-853-5200 • www.gastonhhs.org

APPLICATION FOR WELL PERMIT OR WELL REPAIR

As of 2/14/2022, we require properties to locate underground utilities.

	Underground Utilities Location					
	You must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site evaluation. There is no charge					
	for this service. The NC One Call Center will issue you a ticket number and a date that they will visit to mark the underground lines.					
	Ticket/ Reference Number: Visit Date:					
_ 1						

If you want to be present the day your property is evaluated, we will attempt to contact you prior to the evaluation. Make sure to list on the application a telephone number where you can be contacted during business hours, Monday - Friday.

Paperwork can be returned via email to <u>Carla.Hansil@gastongov.com</u> or <u>Melissa.Barnes@gastongov.com</u>

When paperwork is emailed back, someone will call to collect payment over the phone. If you need to reach someone with questions, please call 704-853-5200. We are located at 991 W. Hudson Blvd. Gastonia, NC 28052 (our entrance is located off Henderson Street).

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,

Applying for:	New Well	Repair Existing W	Vell	Abandon Well
Applicant Information	ion			
Applicant's Name		Mailing Address		
Home/Work/Cell Pho	one #	Email Address		
Owner's Name		Mailing Address		
Home/Work/Cell Pho	one #	Email Address		
Property Information)n			
Street Address			City	Zip Code
Subdivision Name		ot #/Block/Phase	Lot Size	Tax ID # (PID/PIN)
Intended Use(s) of P	Property:			
Residential	Commercial -	Specify type of business:		
Are there any curre	nt or pending rest	trictions regarding groun	ndwater use?	
No Yes	s If yes, please exp	plain		
	nces regarding we	ll construction or locatio	on?	
Are there any varia	8 8			
		plain		

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.

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;

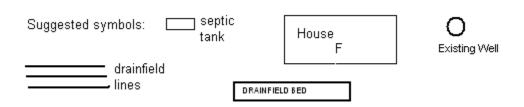
chemical or petroleum storage tanks;

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.

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

Owner's Name Print

Owner's Signature

Date

Telephone #

Telephone #