

Montgomery County Health Department

Environmental Health Section

444 N. Main St.

Troy, NC 27371

Phone #: (910)-572-8175

Fax #: (910)-576-0043

Well Permit Application

(Application fee: \$300.00)

******This application must be accompanied by a plat or site sketch showing compliance with all easements, laws and regulations, existing and proposed structures, existing or proposed wastewater systems, existing or proposed wells, existing surface waterbodies and designated wetlands, and any above or below ground storage tanks. The applicant is responsible for marking all property corners and lines and making the site accessible.***

Parcel ID#: _____

(available at Tax Office)

Owner's Name: _____

Primary Phone#: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

911 Address of Proposed Well: _____

Directions to Property (include Subdivision Name and Lot# if applicable)***Be as specific as possible

Please answer all of the following questions :

Proposed Well Use:

☐ New Residence

☐ Replacement Well

☐ Shared Well

☐ Well Abandonment (*No Fee*)

☐ Business

☐ Other: _____

Number of service connections on well _____ Number of people served by well _____

Check Yes or No for each of the following:

☐ Yes ☐ No Are there any storage tanks (above or underground) on this property?

☐ Yes ☐ No Are there any other wells on this property?

☐ Yes ☐ No Are there any existing or proposed septic/sewer systems or residences within 100' of proposed well?

☐ Yes ☐ No Are there any surface waterbodies or designated wetlands within 100' of proposed well?

☐ Yes ☐ No Are there any other known sources of contamination within 500' of the proposed well?

For every yes or unknown, please describe: _____

I have read 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. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Permission is granted for Health Department Personnel to perform the necessary evaluations and inspection on the property.

Owner/Legal Representative

Date