

RUTHERFORD – POLK - McDOWELL HEALTH DISTRICT

Application Instructions and Information for Onsite Water Protection Services

APPLICATION FEE: See Current Fee Schedule for Requested Services.

MAKE CHECKS PAYABLE TO: RPM Health District

APPLICATIONS ARE PROCESSED IN THE ORDER RECEIVED

The application can be used to apply for new wells, new septic systems, septic system re-evaluations, septic system expansions and additions, and water samples. There are separate forms for well and septic repairs, well abandonment and existing system inspections. The administrative staff can assist you in choosing the correct form.

BEFORE THE PROPERTY CAN BE EVALUATED, THE FOLLOWING ITEMS MUST BE COMPLETED:

- 1. A surveyor's plat/map of the site must accompany this application showing the following drawn on it: the proposed building (decks, porches and garages included), driveway, water supply, surface waters, easements or right of way and other pertinent features. It is a NC Law that a plat of the Land or a site plan must accompany this application. (A tax map from the tax mapping department with line measurements is acceptable.) (SEE EXAMPLE SITE PLAN ACCOMPANYING THIS INSTRUCTION SHEET)**
- 2. You will also need, from the Tax Assessors Office, the P.I.N. (Parcel Identification Number) prior to coming to the Health Department.**
- 3. Please obtain the 911 address for the property location prior to coming to the Health Department.**
- 4. The property lines and house/mobile home corners must be clearly marked on the site, with furnished ribbons.**
- 5. The property must be reasonably clear of undergrowth or obstacles that prohibit a thorough site evaluation.**
- 6. Please display the orange Health Department sign in a location visible from a vehicle on the road.**
- 7. Site considerations may be affected by other ordinances, i.e.: flood plain or watershed, zoning, planning board restraints local municipality ordinances, restricted land use, etc.. The Building Inspections Department should be contacted prior to the health department evaluation to see if any ordinances are applicable.**

IF YOU NEED ANY INFORMATION REGARDING ONSITE WATER PROTECTION SERVICES YOU WILL NEED TO CALL AN ENVIRONMENTAL HEALTH SPECIALIST (EHS) OR VISIT THEM IN THE OFFICE. The EHS's are in the office between 8:30-9:30 AM Monday through Friday. EHS's are in the field the rest of the day.

RUTHERFORD (828) 287-6317

POLK (828) 894-8004

McDOWELL (828) 652-2921

- 1. PLEASE COMPLETE THE "APPLICATION FOR ONSITE WATER PROTECTION SERVICES".**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. A FEE WILL BE COLLECTED WHEN YOU SUBMIT A COMPLETE APPLICATION. A RECEIPT AND A COPY OF THE APPLICATION WILL BE PROVIDED TO YOU FOR YOUR RECORDS. If you are downloading an application packet from the internet, please make a copy for yourself prior to sending it to the Health Department.

- 2. MAKE SURE TO ANSWER ALL THE RELEVANT QUESTIONS AND FILL OUT THE APPROPRIATE BOXES FOR THE SERVICES YOU ARE REQUESTING.**
- 3. SIGN AND DATE IT AT THE BOTTOM OF THE PAGE.**

4. ANY CHANGES MADE AFTER THE INITIAL APPLICATION MUST BE SIGNED/INITIALED BY THE APPLICANT/LEGAL AGENT REQUESTING THE CHANGES.
5. PLEASE PROVIDE DRIVING DIRECTIONS TO THE PROPERTY FROM THE HEALTH DEPARTMENT.
6. TURN THE APPLICATION OVER AND DRAW A ROAD MAP TO THE SITE IF POSSIBLE.

AN APPLICATION FOR CONSTRUCTION AUTHORIZATION MUST BE APPLIED FOR, AND NEW SITE PLAN SUBMITTED AFTER AN IMPROVEMENT PERMIT ONLY HAS BEEN ISSUED.

FOR CONSTRUCTION AUTHORIZATIONS ISSUED PRIOR TO APRIL 14, 2008. A WELL PERMIT APPLICATION MUST BE SUBMITTED AND PAID FOR ACCORDING TO THE CURRENT FEE SCHEDULE.

NEW WELL AND SEPTIC SYSTEM PERMITS SHALL BE APPLIED FOR TOGETHER ON NEW AND EXISTING UNDEVELOPED LOTS.

AUTHORIZATION TO ACT AS AGENT: If you wish to sign forms and are not the owner of the property; or if you own the property and want someone else to sign the necessary forms, then you must complete the Authorization to Act as Legal Agent form included.

REVISIT FEE: An incomplete evaluation could result if any of the following apply when a representative of this department makes a visit:

1. The site was not fully prepared as specified (i.e. property lines not flagged, house not marked, etc.)
2. There is insufficient clear area for a complete evaluation. The property should be open enough to walk through and open enough to see approximately 50' feet in all directions from any point.
3. Another area within the designated first two acre area needs to be evaluated but is not cleared or was inaccessible during the initial visit.

THE EVALUATION WILL REMAIN INCOMPLETE AND BE PUT ON HOLD UNTIL THE NEEDED SITE PREPARATION IS COMPLETE AND THE REVISIT FEE IS PAID. ONCE TAKEN OFF OF HOLD STATUS, APPLICATIONS WILL BE PLACED AT THE BACK OF THE LINE AND WILL HAVE TO WAIT THEIR TURN.

In order to transfer an On-Site Water Protection Improvement Permit (Septic / Well Permit) the following must be completed:

1. New applicant must submit a complete new application
2. If the site plan for the existing permit is **complete and will not change in any way** the new applicant may provide a statement in writing that the existing site plan will not change and may be used. If the site plan, house site, property lines and / or any appurtenances change in any way, or if the current site plan is incomplete, then a new complete site plan must be submitted with the application.

IMPORTANT: BEFORE GOING TO THE BUILDING INSPECTIONS DEPARTMENT BE SURE YOU HAVE A CONSTRUCTION AUTHORIZATION FROM THE HEALTH DEPARTMENT FOR THE WELL CONSTRUCTION AND OR SEPTIC SYSTEM.

Please keep this sheet for your information

RPM Health District Example Site Plan

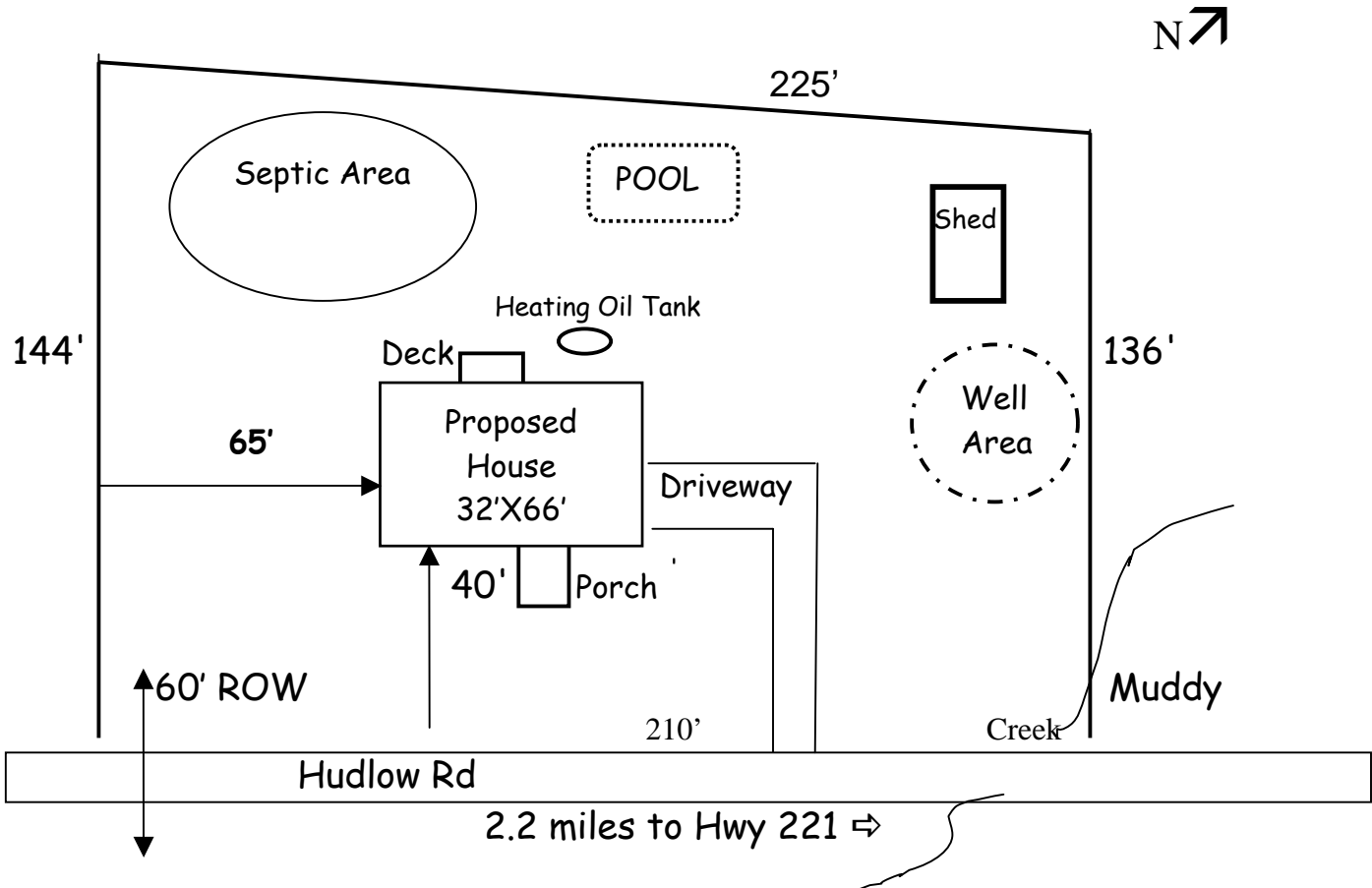
This example and checklist was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation.

If you have any questions, please call us at

(828) 652-2921 McDowell

(828) 287-6317 Rutherford

(828) 894-8004 Polk



CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Existing and Proposed Property Lines with Lengths | <input type="checkbox"/> Existing Springs |
| <input type="checkbox"/> Proposed Decks & Porches With Dimensions | <input type="checkbox"/> Proposed Driveway(s) |
| <input type="checkbox"/> Auxiliary Structures Sheds, Pool, Greenhouse etc. | <input type="checkbox"/> Existing Septic Area |
| <input type="checkbox"/> Proposed Septic Area | <input type="checkbox"/> Existing Well Area |
| <input type="checkbox"/> Location of Nearby Surface Waters and/or Designated Wetlands | <input type="checkbox"/> Proposed Well Area |
| <input type="checkbox"/> Proposed Home With Dimensions With Setbacks | <input type="checkbox"/> Existing and Proposed Water Lines |
| <input type="checkbox"/> Existing and Proposed Power Lines | <input type="checkbox"/> Flood Plain Designation |
| <input type="checkbox"/> Easements and/or R.O.W's Utility, Road etc. | <input type="checkbox"/> Watershed Designation |
| <input type="checkbox"/> Zoning Approval | <input type="checkbox"/> Planning Board Approval |
| <input type="checkbox"/> Restricted Land Use | <input type="checkbox"/> North Compass Bearing |
| <input type="checkbox"/> Other Pertinent Features ex. Irrigation System, Landscaping | <input type="checkbox"/> Surrounding Property Features |
| <input type="checkbox"/> PLAT- Survey Drawn to Scale of 1"= no more than 60' | <input type="checkbox"/> ex. Other wells, creeks, septics, etc. |
| <input type="checkbox"/> Existing and/or Proposed Chemical or Petroleum Storage Tanks Above or Below Ground | |

- New
- Re-Evaluation
- Addition/Expansion
- Non-Residential

RUTHERFORD - POLK - McDOWELL

District Health Department

APPLICATION FOR ONSITE WATER PROTECTION SERVICES

- Septic and Well IP CA
- Septic only IP CA
- Well Only IP CA
- Water Sample

COUNTY PIN#: _____

County: R P M

Please Print:

Applicant Name: _____

Legal Agent Name: _____ (Legal Agent Verification Document Required)

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Fax #: _____ Email: _____

Current Property Owner: _____

Current Property Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____ Email: _____

Contact Person/Agent Name: _____

Contact #: _____ Email: _____

911 Address / Property Location: _____

City: _____ State: NC Zip: _____

Subdivision Name: _____

Lot: _____ Phase: _____ Gate Code: _____

Directions to Property: _____

4 Non-Residential / Commercial: Y N Maximum No. of Employees: _____ Shifts: _____
 Building (ft²): _____ Type of Business: _____
 (Please Fill Out The Additional required Questionnaire)

5 Food Service: Y N No. of Employees: _____ No. of Seats: _____
 Dining Room (ft²): _____ Kitchen (ft²): _____ Daily Hours of Operation: _____

6 Well Location: _____ Power Available: Y N
 Outside Faucet Location: _____ Well Covered: Y N
 Filtration System: Y N Water Softener: Y N Well Diameter: _____ in.
 Water Sample Requested: Inorganic Chemical Nitrate/Nitrite Petroleum Pesticide
 Well Kit Other: _____
 Health Department Use Only : Date Sampled: _____ REHS: _____

7 Change of Use? (ex. from 2 BR to 3 BR)/Comments: _____

1. The undersigned person hereby agrees that he/she has read the foregoing application and that the contents of the same are true as submitted.
2. You must provide documentation to support your claim as owner
3. I understand that this is a formal application for on-site water protection services and authorize the Rutherford-Polk-McDowell Health District to enter this property for evaluation and inspection purposes.
4. The application is not complete without a valid site plan and payment for services.
5. Applications and application fee payments may not be transferred, sold, or assigned.
6. The application fee is non-refundable should the site be found unsuitable and the Wastewater permit is denied. When a well and wastewater system are applied for together, and the wastewater system permit is denied, there may be a partial refund for part of the well portion of the fee.
7. If the information in this application is falsified, changed, or altered, then any permits issued shall become invalid.
8. Any alteration of the site or soil conditions, or changes to the proposed facility to be served may subject the improvement permit to suspension or revocation procedures.
9. Please prepare your site plan according to the provided instructions and example.
10. **A RE-VISIT FEE, AT THE CURRENT RATE, WILL BE APPLIED TO THE APPLICATION IF THE REQUESTED SERVICES CANNOT BE PERFORMED UPON THE INITIAL VISIT DUE TO INCOMPLETE PREPARATION FOR THE VISIT BY THE APPLICANT, I.E. NO POWER TO WELL, SITE NOT MARKED, PROPERTY OVERGROWN.**
11. Once Issued, On-site Water Protection Permits are valid for a period of 5 years from the date of issue.
12. Owners of the property must contact the health department when the well pump is installed so that the final inspection can be completed and the operation permit can be issued. **YOU WILL NOT BE ABLE TO GET ELECTRICAL SERVICE UNTIL THIS STEP IS COMPLETE.**
13. **Owners of the property must contact the health department when the power has been turned on to the well pump so that, if at all possible, the required water sample can be taken within (30) thirty days of the issuance of the operation permit. You will need to contact the health department if you wish to have the sample taken after that time.**
14. Your application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) twelve months, the application is void and the fee is non-refundable. Within the twelve months, you may request in writing to withdraw your application. You may request, in writing, a refund for the application fee. If the fee payment cannot be verified by our records, you must provide an original receipt. **KEEP A COPY OF YOUR RECEIPT WITH YOUR APPLICATION.**

Applicant/Legal Agent: (Printed Name) _____

(Signature) _____

Date: _____

HEALTH DEPARTMENT USE ONLY: Site Plan Complete: Y N Initials: _____ Water Sampled By: _____ Initials _____ Re-Visit Fee Paid: Y N
 COUNTY PIN#: _____ APPLICATION#: _____ FEE: _____ RECEIPT#: _____
 PERMIT: Mailed: _____ Faxed: _____ Emailed: _____ Picked Up: _____ Delivered: _____

COUNTY PIN#: _____

APPLICATION#: _____

RUTHERFORD - POLK - McDOWELL

HEALTH DISTRICT

APPLICATION FOR ONSITE WATER PROTECTION SERVICES
ADDITIONAL QUESTIONNAIRE

- New
- Re-Evaluation
- Addition/Expansion
- Non-Residential

- Septic and Well
- Septic only
- Well Only

Owner/Legal Agent _____ County: R P M

Name of Proposed Facility: _____

Type of Proposed Facility: _____

I. BUSINESS

1. How many days per week and hours per day will your business operate? _____

2. How many employees will you have per shift? Daytime _____ Evening _____ Night _____

3. Will there be private _____ or public _____ restrooms?

4. How many plumbing fixtures will you have (commodes, urinals, lavatories, showers)? _____

5. Will you generate wastewater from any of your processes or activities other than from bathroom fixtures? _____
If Yes, Explain what processes generate wastewater and approximately how much is generated. _____

6. Will you have a kitchen? _____ Dishwasher? _____

II. CHURCH

1. Number of seats in Sanctuary? _____

Average Attendance? _____

Number of services per week? _____ Number of activities other than services per week? _____

2. Will you have a Fellowship Hall? _____ Yes _____ No
Number of Seats: _____ Square Footage of Building: _____
Kitchen Type? _____ Residential _____ Commercial

3. Will you have a daycare? _____ Yes _____ No
Number of Children: _____ Number of Instructors: _____

4. Will you have a school? _____ Yes _____ No
Number of Students: _____ Number of Instructors: _____
Gym? _____ With Showers? _____ Cafeteria? _____

III. CAMPGROUND AND OR RV PARK

1. Number of Campsites / RV Sites? _____ / _____

2. How many of the sites will have on-site water, power, and sewage hook ups? _____ / _____

3. Will you have a camp store? _____ Yes _____ No

4. Will you have a snack bar or food service? _____ Yes _____ No

5. Will you have a laundromat? _____ Yes _____ No Number of washers? _____

6. Will you have a bath-house(s)? _____ Yes _____ No Number of bath-houses? _____
How many plumbing fixtures will you have (commodes, urinals, lavatories, showers)? _____

RUTHERFORD - POLK - McDOWELL
HEALTH DISTRICT

Legal Agent / Representative Verification Form

County: R P M

Name of Applicant Represented: _____
Applicant Current Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax #: _____

Property Location/Address: _____ City: _____ State: NC Zip: _____
Subdivision: _____ Lot: _____ Phase: _____ Gate Code: _____

Facility Name: _____
Facility Address: _____ City: _____ State: NC Zip: _____

Facility Permitting On-Site Wastewater Permitting Drinking Water Well Permitting Water Sampling Food Service Permitting
 Other Permitting _____

I hereby authorize A: _____ and their employees, to be my
B: _____
C: _____

Legal Agent / Business Name

representative(s) to the Rutherford Polk McDowell Health District. My legal agent / legal agent designee may obtain permitting and inspections services for the above mentioned property and / or facility. My legal agent / legal agent designee may be the primary contact regarding my property for permitting and inspection services. My legal agent/ legal agent designee may make decisions for me regarding the requested permitting and inspection services.

Legal Agent/Representative Name (Print): _____

Legal Agent Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Fax #: _____ E-Mail: _____

Legal Agent/Representative Signature: _____ Date: _____

The undersigned person hereby agrees that he/she has read this form and that the contents of the same are true as submitted. Any alteration of the site or soil conditions, changes to the proposed facility to be served, or submission of false information with this form may subject the permit to suspension or revocation procedures. I understand that this is a part of a formal application for Environmental Health services and authorize the Rutherford-Polk-McDowell District Health Department to enter this property for evaluation and inspection purposes.

An on-site water protection (OSWP) re-visit fee will be applied to the application if the requested O.S.W.P. services cannot be performed upon the initial visit due to incomplete preparation for the visit by the applicant, i.e. no power to well, site not marked, property overgrown. On-site Water Protection Permits are valid for 5 years from date of issue. The application fee is non-refundable should the site be found unsuitable and the permit is denied. The Application is not complete without a valid site plan and payment for services.

Property Owner Name: (Printed) _____

(Signature) _____

Date: _____

THIS LEGAL AGENT VERIFICATION FORM SHALL BE VALID UNTIL A NEW FORM IS EXECUTED
AND DELIVERED TO THE HEALTH DEPARTMENT

COUNTY PIN #: _____
RPM 4001.016

APPLICATION #: _____

August 2010

RUTHERFORD - POLK – McDOWELL HEALTH DISTRICT

Application Activation Request

County: Rutherford Polk McDowell

Choose One of the Following:

1. I REQUEST THAT THE APPLICATION LISTED BELOW BE CONSIDERED ACTIVE AND ACTED UPON AS SOON AS PROCEDURES ALLOW.

Owner/Legal Agent: (Printed Name) _____

(Signature) _____ Date: _____

2. I WANT TO DELAY ACTIVATION OF THE APPLICATION LISTED BELOW AT THIS TIME. I UNDERSTAND AND AGREE THAT I MUST FILE A WRITTEN REQUEST FOR APPLICATION ACTIVATION PRIOR TO THE ONE YEAR EXPIRATION DATE FROM THE ORIGINAL APPLICATION. I AGREE TO UPDATE AND/OR SUPPLEMENT ANY INFORMATION ON THE APPLICATION AND MAKE SURE THAT THE SITE IS PREPARED FOR EVALUATION ACCORDING TO THE REQUIREMENTS THEN IN EFFECT. I UNDERSTAND THAT APPLICATIONS AND APPLICATION FEE PAYMENTS MAY NOT BE TRANSFERRED, SOLD, OR ASSIGNED. IF I DO NOT MAKE A WRITTEN REQUEST TO ACTIVATE THIS APPLICATION BEFORE THE ONE YEAR EXPIRATION FROM THE ORIGINAL APPLICATION DATE, I AGREE THAT THIS APPLICATION SHALL BE DEEMED EXPIRED, THAT THE APPLICATION FEE SHALL NOT BE REFUNDABLE, AND THAT I SHALL HAVE TO FILE A NEW APPLICATION AND PAY THE APPLICATION FEE THAT IS CURRENT AT THAT TIME.

Applicant/Legal Agent: (Printed Name) _____

(Signature) _____ Date: _____

TO REACTIVATE THE APPLICATION: Sign and Date Selection one above. Please fill out the information below. Also choose the Application Type and Service Type in Box 1 and Box 2.

Original Application Date: _____

County Pin #: _____ Application #: _____

Applicant: _____

Contact #: _____ Email: _____

Contact Person/Agent Name: _____ Contact #: _____

Property Location/Address: _____

Subdivision: _____

Lot: _____ Phase: _____ Section: _____

Application Type Box 1	<input type="checkbox"/> New <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Addition /Expansion <input type="checkbox"/> Non-Residential <input type="checkbox"/> Repair <input type="checkbox"/> Abandonment
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Service Type Box 2	<input type="checkbox"/> Septic and Well <input type="checkbox"/> IP <input type="checkbox"/> CA <input type="checkbox"/> Septic Only <input type="checkbox"/> IP <input type="checkbox"/> CA <input type="checkbox"/> Well Only <input type="checkbox"/> IP <input type="checkbox"/> CA <input type="checkbox"/> Water Sample <input type="checkbox"/> Existing System Inspection
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RUTHERFORD – POLK - McDOWELL HEALTH DISTRICT PROPOSED SITE PLAN

Applicant Name: _____ **Date:** _____

Property Location / Address: _____ **Subdivision:** _____ **Lot #:** _____

INSTRUCTIONS: Draw the proposed site below. Please refer to the example site plan and requirements provided with this application packet for details. You may also draw the site plan directly on a surveyor's plat/map. A tax map from the tax mapping department with line measurements is acceptable instead of a Plat/Survey. Show the following drawn on the map: the property shape and line measurements, the proposed building (decks, porches and garages included), driveway, water supply, surface waters, easements or right of way, set backs to property lines, outbuildings / other structures, preferred septic system location ,and any other pertinent features. It is NC Law and Rule that a plat of the Land or a site plan must accompany this application. (GS 130A-336 (a)(1), NCAC 15A 18A.1937(d).

Private Drinking Water Well Construction Application Site Plan Requirements

15A NCAC 02C .0303 APPLICATION FOR CONSTRUCTION PERMIT

An application for a permit to construct, repair, or abandon a private drinking water well shall be submitted to the local health department for the county where the well is to be located by a property owner or the property owner's agent. The application shall include:

- (1) Name, address and phone number of the proposed well property owner or owner's agent;
- (2) Signature of owner or agent;
- (3) Address and parcel identification number of the property where the proposed well is to be located;
- (4) A plat or site plan as defined in the rules of this Section;
- (5) Intended use(s) of the property;
- (6) Other information deemed necessary by the Department to determine the location of the property and any site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction;
- (7) Any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a); and
- (8) Any variances regarding well construction or location issued under 15A NCAC 02C .0118.

*History Note: Authority G.S. 87-87; 87-97;
July 1, 2008.*

15A NCAC 02C .0302 DEFINITIONS

(9) **"Plat"** means a property survey prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of all structures and proposed structures and appurtenances, including but not limited to decks, porches, pools, driveways, out buildings, existing and proposed wastewater systems, existing and proposed wells, springs, water lines, surface waters or designated wetlands, easements, including utility easements, and existing or proposed chemical or petroleum storage tanks above or below ground. "Plat" also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to scale.

(13) **"Site plan"** means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, and the specific location of all structures and proposed structures and appurtenances, including decks, porches, pools, driveways, out buildings, existing and proposed wastewater systems, existing and proposed wells, springs, water lines, surface waters or designated wetlands, easements, including utility easements, and existing or proposed chemical or petroleum storage tanks above or below ground.

Rutherford-Polk-McDowell Health District

Well Program Procedures

NO WELL SHALL BE CONSTRUCTED, REPAIRED, OR ABANDONED AFTER APRIL 14, 2008 WITHOUT HAVING A VALID PERMIT.

Grouting Inspection:

A well contractor may call the Health Department the day before the grout inspection, during business hours, Monday through Friday 8:30 AM to 5:00 PM. The applicants name, address, subdivision, lot number and time for the grout must be provided to set an appointment time. Grouts may also be called in the morning of the day a well is to be grouted between 8:30 AM and 9:30 AM. Grouts called in after 9:30 may not be able to be scheduled for inspection until the next day. Grouts called in Friday (after 9:30 AM), or the day before a holiday, will be inspected the following Monday, or the following business day. The earliest an inspection will be performed is 10:00-10:30, depending on the location. If the scheduled grout will not be able to be completed at the appointment time, please notify an EHS as soon as possible so that it can be re-scheduled. A re-visit fee, \$50.00, may be applied if the installer is not ready to proceed with grouting upon arrival of the EHS. If an Environmental Health Specialist (EHS) is not on-site within one hour of the requested time for a grouting inspection the Well Contractor may proceed with the grouting. If grouting is done without an EHS inspection a self certification form, state form GW-1a, shall be filled out by the Well Contractor and shall be submitted to the RPM Health District. The GW-1a must include the name, address, subdivision, and lot number of the well that was installed in order to properly match it to the clients file.

Well Head Inspection and Water Sampling Requirements:

A Owner/Agent shall notify the RPM Health District when the well head is complete. Completion includes, but is not limited to, an installed pump, vent, hose bib, sanitary seal, well ID tag, and pump ID tag, depending on the improvement permit conditions. An EHS shall inspect the well head and determine if it is satisfactory. Well head inspections will be performed on Monday through Thursday. Upon approval of the completed well, the water samples will be taken.

All newly constructed wells shall have water testing within thirty (30) days of the issuance of a final well completion. After construction, the well must be disinfected, then subsequently purged of the disinfecting agent. The well owner/agent should check the well for residual disinfecting agent using an approved testing method. When no more residual is detected, the well owner/agent must call the RPM Health District to have an EHS come take the water samples. **Water samples cannot be taken while any residual disinfecting agent remains in the well.** It is the responsibility of the well owner to provide a source of power to collect these samples. The well head must be easily accessible. For sampling purposes, the cover must be removed, no insulation, and with the sampling port accessible (hose bib must be pointed down, not straight out). An incomplete well cannot be sampled. Water samples will be collected on Monday through Thursday. A copy of the water quality test results will be provided to the owner of each newly constructed well.

If the RPM Health District is notified that a well is ready for sampling, attempts to collect the sample, and is unsuccessful due to no power, disinfectant presence, well head inaccessible, etc. a site re-visit fee of \$50.00 will be applied to the permit. This fee must be paid prior to another attempt from the EHS to collect water samples.

Records:

A certified well construction report shall be submitted by the contractor or other person completing the construction, repair or abandonment of a private drinking water well. The report shall be received by the RPM Health District within ten (10) working days after completion of the well. The state GW-1a Residential, GW-1b Non-Residential, or GW-30 Abandonment form will be accepted depending on the work completed.

Well Repair Permit and Authorization:

A repair application needs to be filled out when the well head, plumbing, or when another well repair is needed. A repair permit will not be required when the well is not being opened, for instance, to replace the pressure switch or bladder tank. The course of action for a well repair must be approved by the Health Department. Any time the well seal is broken for any reason the well system shall be disinfected. A replacement or new well must be applied for and sited by the RPM Health District. Any new or replacement well applications shall be at the current cost.

Well Pump Replacement Notification:

A permit or authorization shall not be required for the replacement of a well pump. Place a new pump tag on the well. Place the pump information sticker on the well. Properly re-construct the well head. Any time the well seal is broken for any reason the well system shall be disinfected. Please fill out the pump replacement notification form and submit it to the health department for the well record.

Emergency Well Repair :

In case of after hours and weekend/holiday emergencies the certified well contractor may make emergency repairs to bring a well back into operation, i.e. replace well head. The Certified well contractor must notify the RPM Health District the following business day, submit a repair application/notification, and have the repair inspected. A replacement or new well must be applied for and sited by the RPM Health District. Any new or replacement well applications shall be at the current cost.

Well Abandonment:

An application for well abandonment must be obtained from the Health Department prior to the abandonment. An inspector must be present during the abandonment, call the local office to set up an appointment. An abandonment form GW-30 must be submitted to the Health Department and the state.

Existing Septic Permits with and without well sites:

A current septic improvement permit without a well site will require a separate well Improvement Permit. The application and subsequent improvement permit shall be at the current cost after April 14, 2008. It will require full inspection and water sampling.

A current septic improvement permit with a well site will require full inspection and sampling. The water sampling and inspection shall be at the current cost after April 14,2008.

Re-Visit Fee:

If the RPM Health District is notified that a well is ready for an inspection (grout, well head, etc.), or water sampling, visits the site at the appointment time and is unable to complete the inspection or water sampling, a \$50.00 fee will be applied to the permit for a re-visit. This must be paid prior to a re-visit.

Office Hours are M - F 8:30 AM to 5:00 PM. Rutherford and Polk M - F 8:00 AM to 5:00 PM McDowell
Environmental Health Specialist Office hours 8:30 AM to 9:30 AM Monday through Friday.

Rutherford Office: (828) 287-6317

Polk Office: (828) 894-8004

McDowell Office: (828) 652-2921



RUTHERFORD POLK MCDOWELL DISTRICT HEALTH DEPARTMENT

CHLORINE TEST STRIP DIRECTIONS

1. DIP TIP OF STRIP IN WATER.
2. LOOK FOR ANY COLOR CHANGE. LIGHT PURPLISH GRAY TO DARK PURPLISH GRAY.
3. ANY COLOR CHANGE MEANS THAT THERE IS STILL CHLORINE IN THE WATER.
4. THE UNUSED, DRY PORTION OF THE STRIP MAY BE RE-USED AGAIN.
5. RUN THE WATER UNTIL THERE IS NO MORE CHLORINE RESIDUAL.
6. RE-TEST
7. WHEN THERE IS NO MORE RESIDUAL, CALL THE HEALTH DEPARTMENT TO NOTIFY THEM THAT THE WELL IS READY FOR WATER SAMPLING.
8. REFER TO THE WELL PROGRAM PROCEDURES SHEET GIVEN AT THE TIME OF APPLICATION FOR MORE DETAILS.
9. CALL YOUR LOCAL HEALTH DEPARTMENT WITH ANY QUESTIONS

MCDOWELL 828-652-2921

RUTHERFORD 828-287-6317

POLK 828-894-8004

Attached Test Strip ⇨

Rutherford County Health Department
Environmental Health Division
221 Callahan Koon Road
Spindale, NC 28160

828-287-6317 – Environmental Health
828-287-61001 – Administration
828-287-6059 – FAX

Polk County Health Department
Environmental Health Division
161 Walker Street
Columbus, NC 28722

828-894-8004 – Environmental Health
828-894-8678 – FAX

McDowell County Health Department
Environmental Health Division
408 Spaulding Road
Marion, NC 28752

828-652-2921 – Environmental Health
828-652-2019 – FAX

On-Site Wastewater System Application Site Plan Requirements

15A NCAC 18A .1937 PERMITS

(a) Any person owning or controlling a residence, place of business, or place of public assembly containing water-using fixtures connected to a water supply source shall discharge all wastewater directly to an approved wastewater system permitted for that specific use.

(b) An Improvement Permit, Authorization for Wastewater System Construction (Construction Authorization) and Operation Permit, shall be required in accordance with G.S. 130A-336, G.S. 130A-337 and G.S. 130A-338. Rule .1949 of this Section shall be used to determine whether subsequent additions, modifications, or change in the type of facility increase wastewater flow or alter wastewater characteristics.

(c) An application for an Improvement Permit or Construction Authorization, as applicable, shall be submitted to the local health department for each site prior to the construction, location, or relocation of a residence, place of business, or place of public assembly. Applications for systems required to be designed by a professional engineer and applications for industrial process wastewater systems shall meet the provisions of Rule .1938 of this Section.

(d) The application for an Improvement Permit shall contain at least the following information: owner's name, mailing address, and phone number, location of property, plat of property or site plan, description of existing and proposed facilities or structures, number of bedrooms, or number of persons served, or other factors required to determine wastewater system design flow or wastewater characteristics, type of water supply including the location of proposed or existing well(s), and signature of owner or owner's legal representative. The applicant shall identify property lines and fixed reference points in the field. The applicant shall make the site accessible for an evaluation as required in Rule .1939 of this Section. The applicant shall notify the local health department on the application of the following:

(1) the property contains previously identified jurisdictional wetlands:

(2) wastewater other than sewage will be generated; or

(3) the site is subject to approval by other public agencies.

(e) The application for a Construction Authorization shall contain:

(1) the information required in Paragraph (d) of this Rule; however, a plat or site plan shall not be required with the application for a Construction Authorization to repair a previously permitted system when the repairs will be accomplished on property owned and controlled by the applicant and for which the property lines are readily identifiable in the field;

(2) the locations of the proposed facility, appurtenances, and the site for the system showing setbacks to property line(s) or other fixed reference point(s); and

(3) the proposed system type as specified by the owner or owner's legal representative and that meets the conditions of the Improvement Permit, the provisions of these Rules, and G.S. 130A, Article 11.

§ 130A-334. Definitions. NC General Statutes

(7a) "**Plat**" means a property survey prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed wastewater system, and the location of water supplies and surface waters. "Plat" also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivision plat that is accompanied by a site plan that is drawn to scale.

(13a) "**Site plan**" means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed wastewater system, and the location of water supplies and surface waters.