



Cleveland County Environmental Health

200 South Post Road, Shelby, NC 28152 (980) 484-5130 Fax (980) 484-5135

www.clevelandcounty.com/cchd/environmental-health



Application for Onsite *Wells*

Applicant Information:

Applicant Name: _____

Mailing Address: _____

Phone/ Email: _____

Property Information:

Location Address: _____

Owner Name: _____

Mailing Address: _____

Phone/ Email: _____

Subdivision/Mobile Home Park Name: _____

Lot number: _____ Parcel number: _____

Directions: (from the nearest main highway): _____

Please Identify the type of WELL service Requested:

- new installation
- repair
- upgrade
- change(location)
- abandon well

Proposed use:

- residential 1 family
- residential 2 family

You will be responsible for obtaining approval from appropriate zoning and building inspection departments. There numbers are below to assist you.

ZONING/BUILDING INSPECTION

Shelby 704-484-6805

Kings Mountain 704-734-4599

Cleveland county 704-484-4975/4997

If your residence or business will be located in any jurisdiction other than listed above, please check with your city manager and/or town hall for permitting assistance.

Date Application submitted: ___/___/___

Applicant's Signature: _____

APPLICATION ADDENDUM
CLEVELAND COUNTY ENVIRONMENTAL HEALTH
200 SOUTH POST ROAD, SHELBY, N.C. 28152
(980) 484-5130 APPLICATION NUMBER _____

Before the site can be evaluated, the following items must be completed:

1. The property corners must be clearly marked.
2. The property must be reasonably clear of undergrowth or obstacles that prohibit a thorough site evaluation.
3. The four corners of the structure must be clearly staked or marked.

Improvement permits shall be valid upon a showing satisfactory to the department, or the local health department, that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that a wastewater system can be installed that meets the permitting requirements in effect on the date the improvement permit was issued. **Improvement permits for which a plat is provided shall be valid without expiration. Improvement permits for which a site plan is provided shall be valid for five (5) years. The improvement permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use, changes.**

The local health department shall issue an authorization to construct prior to the installation or repair of a wastewater system, when it has determined after a field investigation that the system can be installed and operated in compliance with article 11 of chapter 130a of the general statutes of North Carolina and rules adopted pursuant to this article. This authorization for wastewater system construction shall be valid for a period equal to the period of validity of the improvement permit, not to exceed 60 months.

- An existing system permit, which involves: mobile home transfers, additions to existing structures, construction of outbuildings, and swimming pool installations, shall be valid for 180 days from the date of issuance.

All requests for service applications will be valid for one (1) year from the date the application was made. Any application still pending, after the one (1) year, will be null and void, and subject to any fee changes. *If health representative(s) have entered the property/subdivision and initiated the required evaluations(s) and/or inspection(s), the associated fee(s) are non-refundable.**

As the applicant, upon making this application, I shall have notified the Cleveland County Health Department if the site contains identified jurisdictional wetlands, if wastewater other than sewage will be generated, and if the proposed site is subject to approval by other public agencies.

Accordingly, health department representatives are hereby granted the right of entry to make evaluations and/or inspections on the property/subdivision as described in the aforementioned application(s), and to release information upon public request.

My preferred proposed system type, that meets the conditions of the improvement permit, the provisions of these rules, and G.S.. 130a, article 11, will be specified by my signature on the improvement permit.

The undersigned person hereby attests that he/she has read and understands the foregoing information, and furthermore, agrees to comply with the terms of this application.

_____/_____/_____
DATE

OWNER OR LEGAL REPRESENTATIVE

WELL INFORMATION APPLICATION ATTACHMENT

CLEVELAND COUNTY HEALTH DEPARTMENT

Environmental Health Section

200 South Post Road, Shelby, North Carolina 28152

Tel 980-484-5130 Fax 980-484-5135

Intended Use of New Well:

- Residential – Serving one single family dwelling
 Residential – Serving more than one single family dwelling
Other: _____

Property Information:

[Please mark Y (yes) or N (no) for all that apply]

- Are there any existing septic systems (surface or subsurface) on this property?
 Are there any easements or right of ways on this property?
 Are there any existing wells, springs, or water lines on this property?
 Are there any surface water bodies, or designated wetlands on this property?
 Are there any below ground chemical, or petroleum storage tanks on this property?
 Are there any known landfills or waste storage on this property?
 Is there any known underground contamination on this property?
 Are there any fields, on or adjacent, that are used for industrial or municipal sludge spreading?
 Are there any fields, on or adjacent, that are used for wastewater-irrigation sites?
 Are there any surface water or designated wetlands on this property?
 Are there any current or pending restrictions regarding groundwater use as specified in G.s. 87-88 (A) on this property?
 Are there any variance regarding well construction or location issued under 15A NCAC 02C.0118 ?

PLEASE ATTACH A SITE SKETCH OF YOUR PROPERTY SHOWING THE LOCATION OF ALL MARKED Y (YES) ABOVE.

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 or legal representative

____/____/____
Date

(Must provide documentation to support claim as owner's legal representative)