



# Stokes County Health Department



Tammy Martin, MS MPH, Health Director  
Brandon Joyce, RS, Environmental Health Supervisor

PO Box 187  
1009 N Main Street  
Danbury, NC 27016  
(336) 593-2400

Well # \_\_\_\_\_

## Stokes County Health Department Well Application for Permit

If the information in this application for well construction is falsified, changed, or the site is altered, then the well construction permit shall become invalid. **This permit is valid for 5 years** or without expiration, depending upon documentation submitted.

\*Please email all completed forms and payment to [byoung@co.stokes.nc.us](mailto:byoung@co.stokes.nc.us)

### APPLICANT INFORMATION

\_\_\_\_\_  
(Applicant) (Mailing Address) (Cell Phone #)

\_\_\_\_\_  
(Property Owner) (Property Address) (Adt. Phone #)

### PROPERTY INFORMATION

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (Subdivision) (Section/Lot #)

Directions to Property: \_\_\_\_\_

Well Permit Type: New \_\_\_\_\_ Repair \_\_\_\_\_ (list type of repair below) Abandonment \_\_\_\_\_ Other \_\_\_\_\_

Intended Use of Well: \_\_\_\_\_ Type of Repair: \_\_\_\_\_

### Please answer all questions with Yes, No, or N/A

\_\_\_ Residential – Serving One Single Family Dwelling

\_\_\_ Residential – Serving More Than One Single Family Dwelling

\_\_\_ Other: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Acreage: \_\_\_\_\_

\_\_\_ Are there any easements or right of ways on the property?

\_\_\_ Are there any existing septic systems (surface or sub-surface) on this property?

\_\_\_ Are there any existing wells, springs, or water lines on the property?

\_\_\_ Does the site contain any jurisdictional wetlands?

\_\_\_ Are there any underground chemical or petroleum storage tanks on this property?

\_\_\_ Are there any known landfills/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 or wastewater-irrigation sites?

**Please attach a site sketch of your property or draw on the back of this application.**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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, as well as making the site accessible for a complete field investigation to be performed.

\_\_\_\_\_  
(Property Owner(s)/Owners Legal Representative Signature)

\_\_\_\_\_  
(Date)

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

New Permit Fee: \$300.00  
Repair Permit Fee: \$25.00  
Variance Request Fee: \$50.00