

**Toe River Health District - Environmental Health Section**  
**Application for Septic Improvement Permit and/or Authorization to Construct**

**Improvement Permit**

**Authorization to Construct**

If the information provided in this application is falsified, changed or the site is altered, then this Improvement Permit and Authorization to Construct Application becomes invalid. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete Site Plan = 60 months; complete plat = without expiration.)

**Applicant Information:**

Applicant _____	Address _____	Home & Work Phone _____
Owner _____	Address _____	Home & Work Phone _____

**Property Information:** Date originally deeded and recorded: \_\_\_\_\_

Street Address _____	Subdivision Name _____	Section/Phase/Lot# _____
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**Directions to Site:** \_\_\_\_\_

**Development and/or Residential Information and Specifications:**

*(Please read carefully & provide complete, accurate information.)*

<input type="checkbox"/> <b>New Single Family Residence</b>			
Maximum number of bedrooms: _____		Will there be a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Square footage of residence: _____		Plumbing fixtures in basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum number of occupants: _____			

<input type="checkbox"/> <b>Expansion of Existing System:</b>		
If expansion, current number of bedrooms: _____	Total number of bedrooms with expansion: _____	

<input type="checkbox"/> <b>Addition to Structure Requiring Building Permit:</b>	Total number of bedrooms: _____
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<input type="checkbox"/> <b>Repair to Malfunctioning Sewage Disposal System:</b>	Number of bedrooms: _____
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<input type="checkbox"/> <b>Verification of Existing Septic System:</b>	Total number of bedrooms: _____
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<input type="checkbox"/> <b>Non-Residential Type of Structure</b>		
Type of business: _____	Maximum number of employees: _____	
Total square footage of the building: _____	Maximum number of seats: _____	

**Water Supply:**     New Well     Existing Well     Community Well     Public Water     Spring

Are there any existing wells, springs or water lines on this property?     Yes     No

If applying for Authorization to Construct, please indicate desired system type(s). Systems can be ranked in order of your preference.

Any     Accepted     Alternative     Conventional     Innovative     Other \_\_\_\_\_

Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "Yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any existing wastewater systems?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any easements or right of ways on this property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any grading, removal or addition of soil been done to this property? (Please describe on back.)

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 site evaluation can be performed.

Signature of Property Owner or Owner's legal representative\*\* (required) \_\_\_\_\_ Date \_\_\_\_\_

\*\* Must provide documentation to support the claim as owner's representative.

Cash     Check     Credit Card    Amount \$ \_\_\_\_\_    Date: \_\_\_\_\_    Staff: \_\_\_\_\_

# Toe River Health District - Environmental Health Section

## Site Plan Worksheet

Please check (✓) each item that has been indicated on your site plan.  
Incomplete plans will be returned to you for completion.

Your property will not be scheduled for an evaluation until we have received a completed application, site plan, all proposed items are marked on the property and payment of application fee.

- The dimensions of the property.
- The proposed location of all structures (e.g. facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side of the property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- The site you would prefer your septic system to go in.
- The preferred driveway location.
- The proposed well location.
- A north arrow or other sufficient directional indicator.
- Any proposed structures or improvements to the property such as garages, workshops, pools, etc.
- The location of any existing septic tank systems and wells on your property and on the adjoining property within 100 feet of your property line.
- The location of any easements or rights of way on the property.
- The location of any designated wetlands on the property.

If you have questions, please feel free to call between 8:00 a.m. and 9:00 a.m. Monday - Friday.

Avery County	828-737-6054
Mitchell County	828-688-1214
Yancey County	828-682-1929

You can obtain a "site map" and/or PIN# by going to the Yancey/Mitchell/Avery County Mapping Office. You can also print a site map and get your PIN# from the GIS website for your county.

**USE THE SPACE BELOW OR A SEPARATE PIECE OF PAPER TO DRAW YOUR SITE PLAN.**

### Health Department Use Only:

- Survey plat to scale\* submitted
- Scaled\* site plan submitted
- Unscaled site plan submitted

\* scale of 1" = no more than 60'

# Toe River Health District

Environmental Health Section

## Well and/or Septic Sample Site Plan

Providing complete and accurate information on your site plan is critical and will assist us in efficiently evaluating your site.

This example was prepared to assist you in drawing your own site plan.

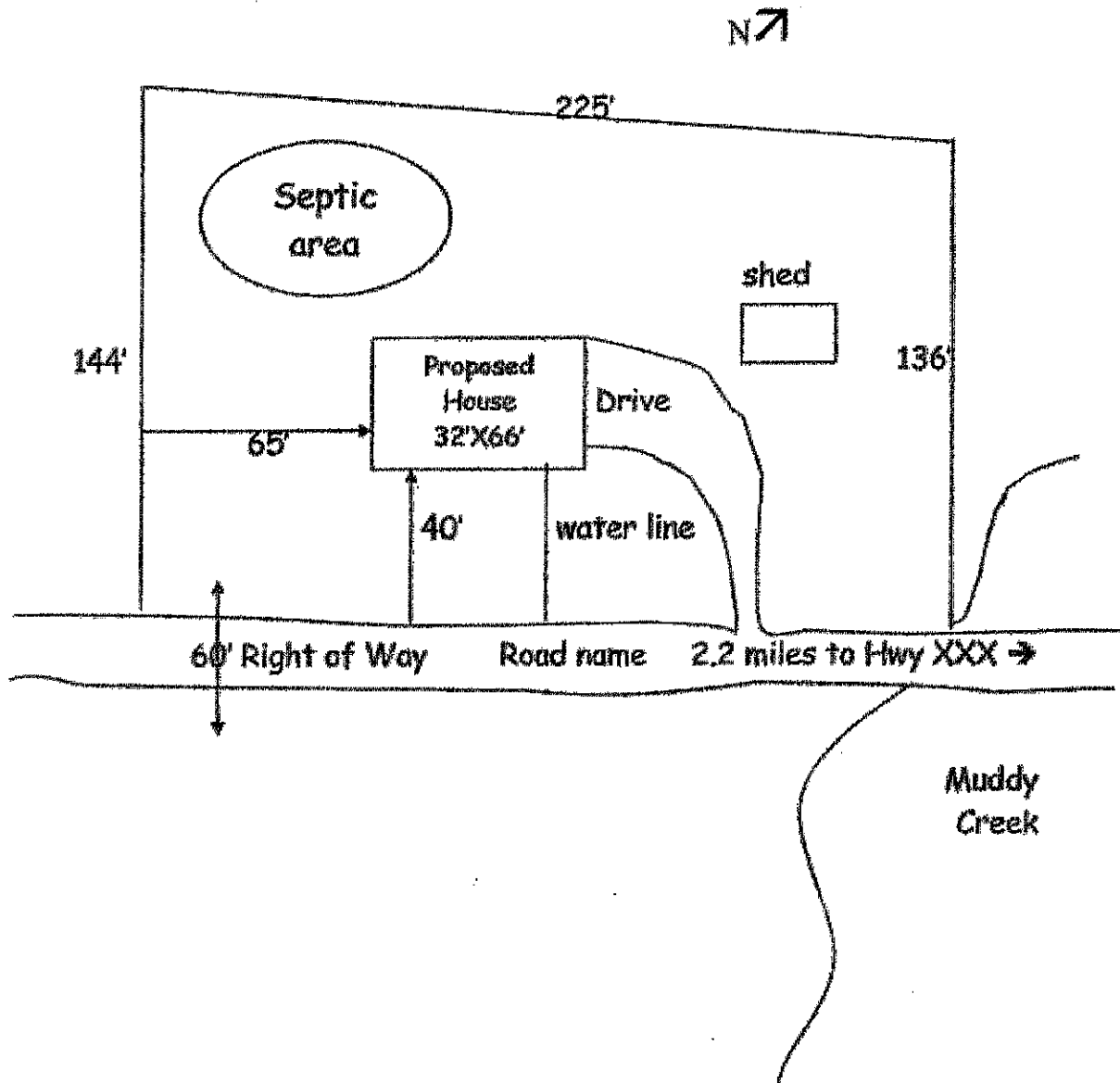
Without your site plan we cannot perform the site evaluation.

If you have any questions, please contact your local health department:

**Avery County**  
828.737.6054

**Mitchell County**  
828.688.1214

**Yancey County**  
828.682.1929





**Environmental Health Section**  
**Property Owner Consent Form**

I, \_\_\_\_\_ am the legal owner(s) of the property located at  
Owner(s) Name - Please Print

\_\_\_\_\_, identified as Parcel Identification Number (PIN)

located in the county of (check the county):  Avery  Mitchell  Yancey

I do hereby authorize \_\_\_\_\_  
Legal Representative - Please Print

to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) Authorization to Construct (AC) for septic permit
- Improvement Permit (IP) /Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Environmental Health.

I can be contacted at (phone number): \_\_\_\_\_ by the Health Department Environmental Health Services staff prior to a scheduled appointment with my agent.

\_\_\_\_\_  
Owner Signature Date

Applications for permits require the "signature of the owner or the owner's legal representative" (15A NCAC 18A.1937). If the owner does not sign the application, they can submit any of the following documents to designate their legal representative:

- Power of Attorney
- Real Estate Contract
- Estate Executor
- Bankruptcy Trustee
- Court Ordered Guardianship



## Toe River Health District - Environmental Health Section

### Instructions for Completing Improvement/Authorization to Construct Septic System and Well Permit Application

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items listed below be completed prior to the site visit. By completing these items in advance it reduces the time on site and the need for return visits.

**\*\*NOTE: IF THESE ITEMS ARE NOT COMPLETED AND A SITE VISIT IS MADE, A REVISIT FEE OF \$100.00 WILL BE ASSESSED.**

- 1. I have completed the "Application for a Well Permit" and/or an "Application for Improvement/Authorization to Construct."
- 2. I have completed the Site Plan Worksheet showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible.
- 3. A survey or GIS tax map with boundaries is required.
- 4. I have marked all property corners and boundaries.  
NC Statute 15A NCAC 18A.1937(d): The applicant shall identify property lines and fixed reference points in the field.

**\*\*NOTE: All property corners, lines and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.**

- 5. I have staked all proposed structures in their exact location on the site, including driveway.
- 6. I have located all wells, springs and surface waters on the property.
- 7. I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
- 8. I understand that no grading shall be performed before issuance of permit.
- 9. I understand that if above items are not completed, and a site visit is made, I WILL BE ASSESSED A \$100.00 REVISIT FEE.

**PLEASE COMPLETE THE ABOVE ITEMS BEFORE CALLING TO SCHEDULE A MEETING ON THE SITE WITH OUR ENVIRONMENTAL HEALTH SPECIALIST.**

If you have questions, please feel free to call between the hours of 8:00 a.m. and 9:00 a.m. Monday - Friday.

Avery County	828-737-6054
Mitchell County	828-688-1214
Yancey County	828-682-1929

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation prior to scheduling an appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date