For Office Use Only PIN#_____ Permit #_____ CDP# _____

TOE RIVER HEALTH DISTRICT
Avery & Mitchell County
Health Departments

Application for Services

Applying for:

☐ Improvement Permit ☐ Construction Authorization ☐ Expansion ☐ Composting toilet
☐ Existing System Authorization or Verification

If applying for a Construction Authorization, please indicate desired system type(s):

☐ Any ☐ Accepted ☐ Conventional ☐ Innovative ☐ Other_____
☐ New Construction ☐ Change of Use ☐ System Relocation
☐ 5 year Expiration Requested (site plan Provided)
☐ Non-Expiring Permit Requested (plat provided,defined in G.S.130A-334(7A)

Requesting DHHS review? (systems > 3000 GPD or IPWW) ☐ Yes ☐ No

Applicant:_____	Owner::_____
Mailing	Mailing
Address:_____	Address:_____
City:_____	City:_____
State:_____ Zip:_____	State:_____ Zip:_____
Phone #_____	Phone #_____
Email:_____	Email:_____

Property Address:

_____ _____ _____ _____ _____

Road (if no number please put TBD) City Subdivision Section/ Phase/ Lot # Acres

Directions to Property:_____

_____

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐Yes	☐No	Does the site contain any jurisdictional wetlands?
☐Yes	☐No	Is any wastewater going to be generated on the site other than domestic sewage?
☐Yes	☐No	Is the site subject to approval by any other public agency?
☐Yes	☐No	Are there any easements or right of ways on this property?
☐Yes	☐No	Has 811 been contacted and identified any underground utilities on the property? If yes, please list Ticket reference number: _____ Visit by Date: _____

I understand that the documentation and fees comma as required in G.S.130A-335 attached to this application are to be used to evaluate this lot pursuant to G.S.130A - 335. Authorized county and state officials are granted the right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. **I understand that if the information in the application for an Improvement Permit and/or Construction Authorization is falsified, changed comment or the site is altered, then the improvement permit and construction authorization shall become invalid.**

****This application will expire one year from the date of application. Reasons for expiration without a permit may include: unmarked property lines, unmarked house site, clearing needed, additional pits needed, easement needed, etc.**

Applicant Signature:_____ Date:_____
Owner Signature:_____ Date:_____

Cash ____ Check_____ #_____ Credit Card ____ Amount _____ Date_____ Staff_____

Development and/or Residential Information and Specifications: (Please Read carefully & provide complete accurate information.)

☐ **New Single-Family Residence**
Maximum number of bedrooms:_____
Maximum number of occupants:_____
Square footage of residence:_____
Will there be a basement? ____Yes ___No Plumbing fixtures in the basement?____Yes____No
Will there be a slab? ____Yes ___No Will there be a crawl space?_____Yes _____No
Will there be a whirlpool spa? ____Yes ___No

☐ **Composting Toilet**

☐ **Change of Use**: _____

☐ **Expansion of Existing System:**
If Expansion, current number of bedrooms:_____ Total number of bedrooms with expansion_____

☐ **Addition to Structure Requiring Building Permit**: Total number of bedrooms _____

☐ **Verification of Existing Septic System:** Total number of bedrooms _____

☐ **Non- Residential Type of Structure:**

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 Well____Spring
Are there any existing wells, springs or water lines on this property? _____Yes ____No

Does the site contain any existing wastewater systems? _____Yes ___No
Has any grading, removal or addition of soil been done to this property?_____Yes ___No
(If Yes, please describe)
_____
_____

Have any septic systems (surface/subsurface) been installed or permitted on or within 100ft of this property? ___ Yes___ No

If Yes, please include any copies of septic permits applicable to this site.

_____ _____
Signature of Property Owner or Owner's Legal Representative **Date**

TOE RIVER HEALTH
AVERY & MITCHELL

ENVIRONMENTAL HEALTH SECTION
PROPERTY OWNER CONSENT FORM

I, _____, am the legal owner(s) of the property located at
Owner's Name – Please Print

_____
Property Address

Identified as Parcel Identification Number(PIN)_____

located in ☐ Avery County ☐ Mitchell County

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 (CA)
- Improvement Permit (IP)/Authorization to Construct (CA)
- Application for soil-site evaluation
- 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 Department of 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 applicant and owner (15A NCAC 18E .0202 (h)(9)) Along with this form, 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
AVERY & MITCHELL

Instructions for Applicant

In order to make the best use of your time and assist the staff in completing applications quickly, we ask that the items listed below be completed prior to a visit. Completing these items reduces the time on site and the need for return visits. We appreciate your cooperation. ****Please be advised that a revisit fee may be assessed if a site visit is made and items are not completed. The revisit fee will be based on the current fee schedule.**

1. ____ I have completed the “Application for Improvement Permit/Authorization to Construct”.
2. ____ I have provided a survey or GIS tax map of the property.
3. ____ I have marked all property corners and boundaries.
   **** Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.**
   The applicant shall identify property lines and fixed reference points in the field.
4. ____ I have located all wells, springs and surface waters on the property or within 50 feet of the property.
5. ____ I have completed the Site Plan Form, showing all property lines with dimensions, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible including a north arrow or other sufficient directional indicator
6. ____ I have staked all proposed structures in their exact location on the site, including driveway.
   **** Note: All proposed structures including decks, porches, garages, driveway, etc. must be staked out on the site with stakes or flags. The specialist must be able to identify these proposed structures before the site evaluation can be performed.**
7. ____ I have cleared undergrowth on the property so 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 have dug test pits as described on the site plan example (see Test Pit Information page).
10. ____ I understand that if the above items are not completed, and a site visit is made, I may be assessed a revisit fee.
11. ____ I have clearly marked ***the location of any easements, rights-of-way and boundaries on the property. I have also marked all setbacks due to covenants and restrictions.***

I agree to complete the requirements listed above prior to an environmental health specialist’s visit. An IP/CA for which a site plan is provided shall be valid for 60 months from the date of issuance.

Your application and the application fees paid will be valid for a period of twelve months from the date of receipt. After twelve months, the application is void and the fee is non-refundable.

PLEASE COMPLETE THE ABOVE ITEMS BEFORE TURNING IN YOUR APPLICATION.

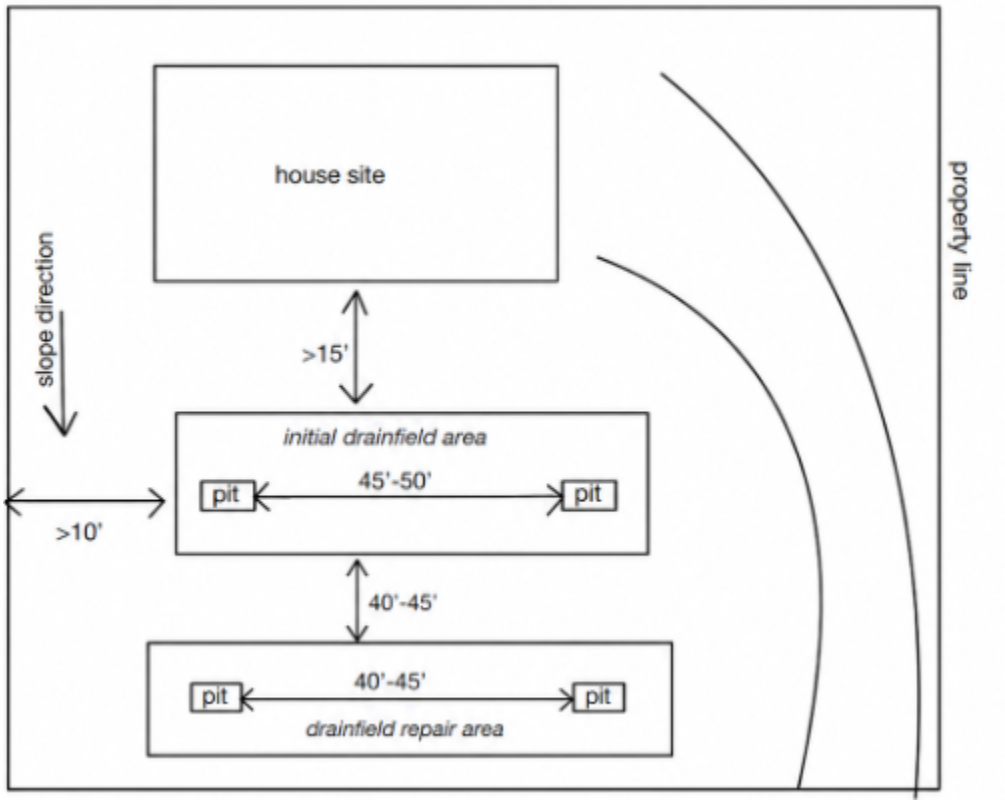
_____ _____

Owner Signature Date

Avery County Health Dept. 545 Schultz Circle
Newland, NC 28657
828-737-6059

Mitchell County Health Dept. 130 Forest Service Dr. Ste D
Bakersville, NC 28705
828-688-5067

TEST PIT INFORMATION



- It is recommended that pits are dug by a certified septic installer, as incorrectly dug pits can potentially leave a site unsuitable for a septic system and subject the applicant to a revisit fee.
- Pits must be 4’ deep by 3’ wide.
- Pits must be on contour. This means that the machine sits sideways on the hill and digs along the slope rather than up and down. Failure to dig pits on contour, or digging pits to close together, may ruin the space for future drain lines.
- It is required that on one end, pits have a step or ramp to allow the environmental health specialist (or any animals) to safely enter and exit the pit.
- Each proposal must have at least 4 pits, with two in the proposed initial drain field and two in the proposed repair area. The diagram above is typical for many gravity fed septic systems. However, as lots vary, a septic installer can be helpful in finding the best proposed areas. An average 3 bedroom system is 80-120’ along the slope by 20-30’ up and down the slope. The pits are spread out over the entire area no less than 40’ apart at any point.
- Pit should not be within 15’ of home site, 10’ of property line, 15’ of a cut or ditch, 50’ of a well or proposed well area, or 50’ of a creek or other body of water. Pits cannot be in any right-of-way.

Site Plan

Instructions To Applicant: The environmental health specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged on the lot and drawn below with dimensions included.

**** SEE NEXT PAGE FOR EXAMPLE OF COMPLETED SITE PLAN FORM ****

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

I hereby agree that the information shown above is correct to the best of my knowledge

_____ _____

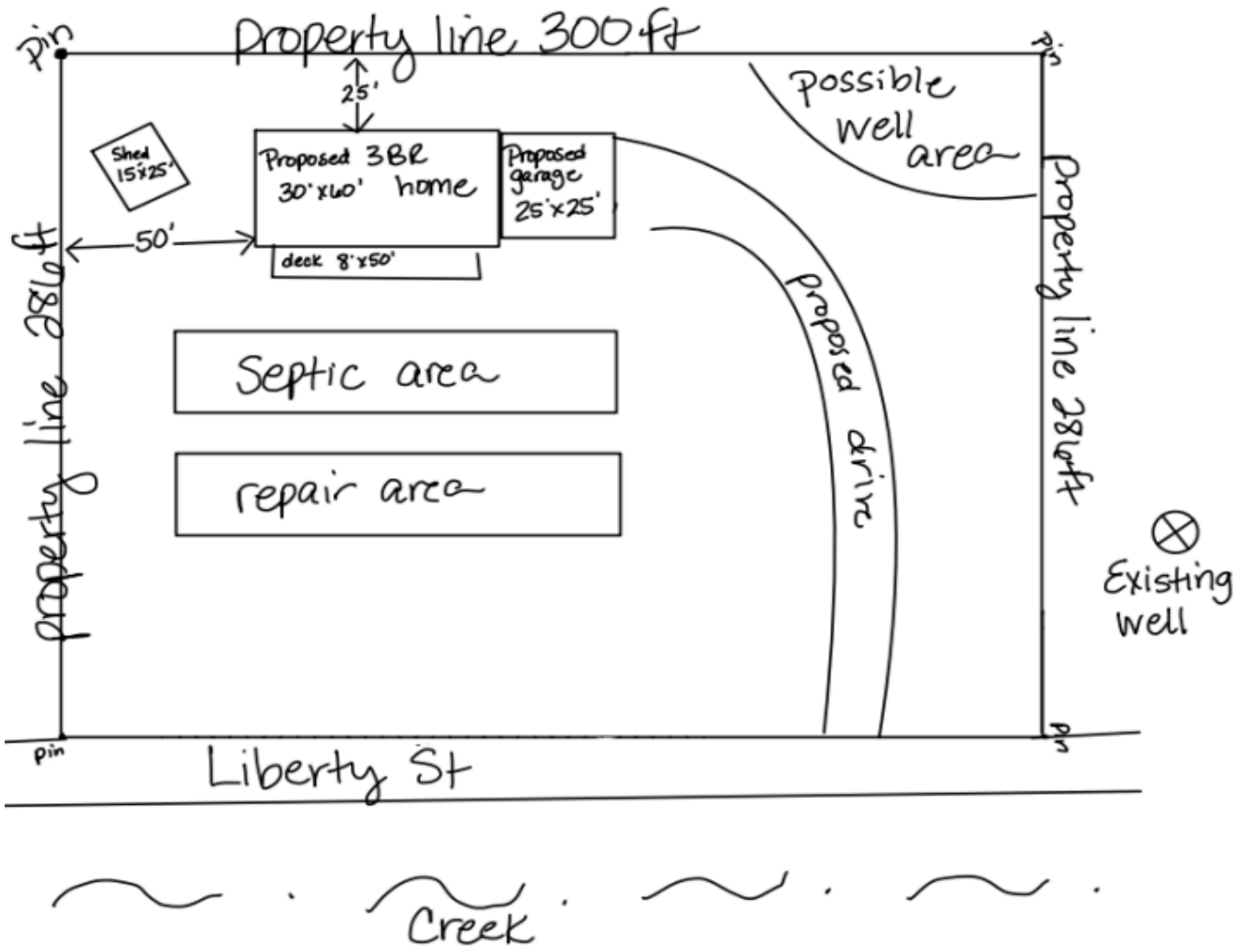
Signature of Property Owner or Owner's Legal Representative Date

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

Avery County Health Dept. 545 Schultz Circle
Newland NC 28657
828-737-6059

Mitchell County Health Dept. 130 Forest Service Dr. Ste D
Bakersville, NC 28705
828-688-5067

EXAMPLE SITE PLAN



Site plan must show:

- all property lines
- proposed structures including house, garage, sheds, carports, pools, etc
- proposed and existing wells and springs
- neighboring septic systems and water supplies within 50’ of property
- bodies of water such as streams, lakes, ponds, etc
- existing and proposed roads and drives

INSTRUCTIONS:
How to mark your property for a new septic permit
Improvement Permit or Construction Authorization

1. **Find and clearly mark all property lines.**
   a. Locate the **property line pins (all of them!)**
   b. Contact a surveyor to locate the pins if you cannot locate them.
   c. Expose the tops of pins and spray paint or attach a flag or ribbon to pins.
   d. Place a wooden stake next to the pins to help environmental health specialists easily see them.
   e. Clearly mark **ALL** property corners.
2. **Clearly mark all easements and rights-of-way with wooden stakes**. Paint or flag these stakes with a different color to differentiate between a right-of-way and a property line.
3. **Clearly mark all property lines with wooden stakes every 50 feet** (flagging can be substituted if lot is wooded)
4. **Mark all the structures you plan to build on your lot using stakes or wire flags to indicate the shape and size of the structures** (exactly as you drew on your site plan) **INCLUDING:**
   a. **Your home + decks + porches + patios + pickleball court**
   b. **Both sides of your driveway** (so we know how wide it will be)
   c. **Sheds, barns, buildings**
   d. **Swimming pool**
   e. **Other accessory structures** (anything you may want to build one day)
5. **Walk your property, look around and VERIFY it's accessible.**
   a. NO UNDERBRUSH, BRIARS, GRASS OR WEEDS TALLER THAN 8".
   b. We have to be able to see topography, slopes, property lines and property corners from all directions.
   c. If you can't walk it, we can't walk it and we MUST walk it!
6. **Any part of the site marking policy is not met = possible Revisit Fee!**
7. **Please review example pictures for help and CALL with questions.**

See Next Page for Examples

Avery County Health Dept. 545 Schultz Circle
Newland NC 28657
828-737-6059

Mitchell County Health Dept. 130 Forest Service Dr. Ste D
Bakersville, NC 28705
828-688-5067

INSTRUCTIONS:
How to mark your property for a septic system
Expansion

1. **Call 811 utility location services.**
2. **Environmental Health cannot risk conducting site work until existing utility lines are identified and marked.**
3. Find and clearly mark all property corner pins.
   a. Locate the property line pins (**all of them!**)
   b. Contact a surveyor to locate the pins if you cannot locate them.
   c. Expose the tops of pins and spray paint or attach a flag or ribbon to pins.
   d. Place a wooden stake next to the pins to help Environmental Health easily see them.
4. **Clearly mark all easements and rights-of-way with wooden stakes**. Paint or flag these stakes with a different color to differentiate between a right-of-way and property line.
5. **Clearly mark all property lines with wooden stakes every 50 feet** so we don't cross over your property line! (flagging can be substituted if lot is wooded)
6. **(if applicable) Mark all the structures (to show the shape and size) you plan to build on your lot using stakes or wire flags** (exactly like you drew on your site plan)

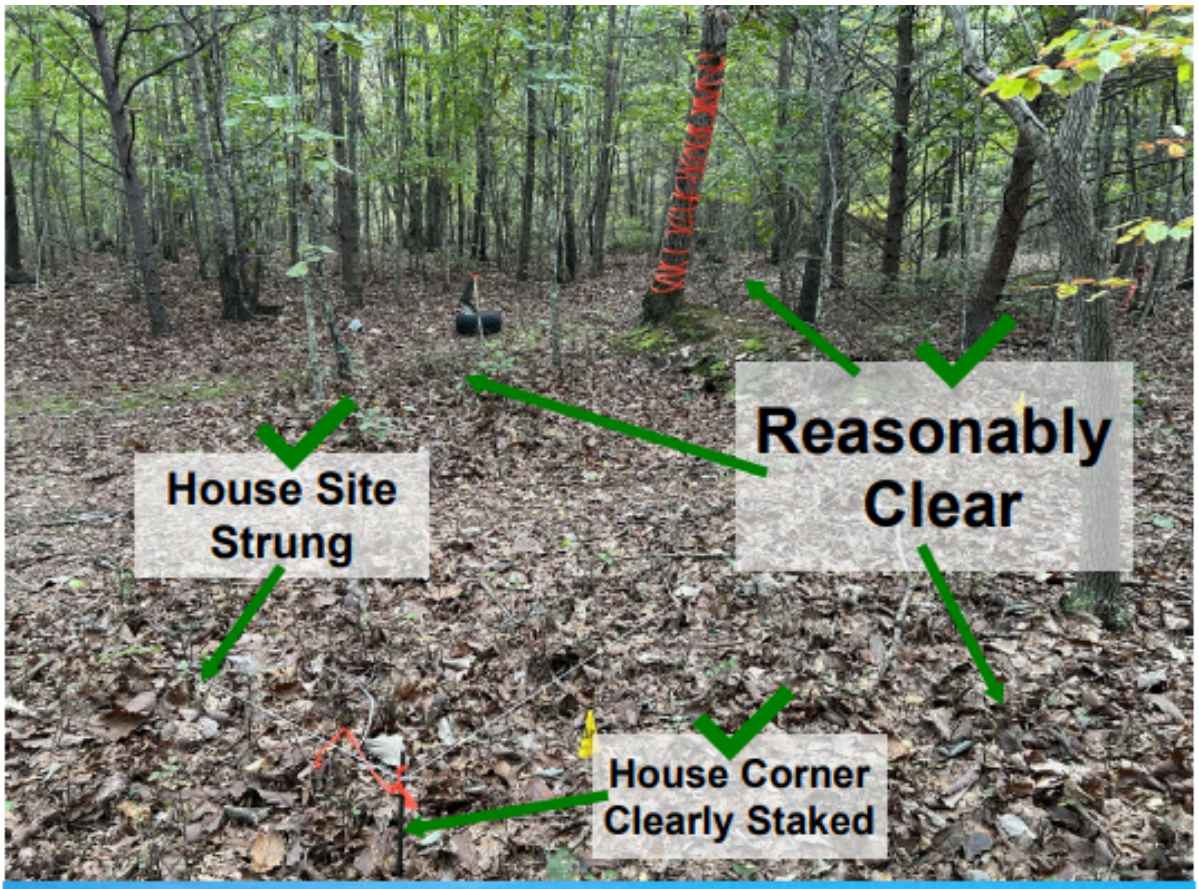
INCLUDING:

   a. Your home + decks + porches + patios + pickleball court
   b. Both sides of your driveway (so we know how wide it will be)
   c. Sheds, barns, buildings
   d. Swimming pool
   e. Other accessory structures (anything you may want one day)

7. **Walk your property, look around and VERIFY it's accessible.**
   a. NO UNDERBRUSH, BRIARS, GRASS OR WEEDS TALLER THAN 8".
   b. We have to be able to see topography, slopes and property lines and property corners from all directions.
   c. If you can't walk it, we can't walk it and we MUST walk it!
8. **Any part of the site marking policy is not met = Possible revisit fee!**
9. **Review example pictures for help and CALL with questions**

Avery County Health Dept. 545 Schultz Circle
Newland NC 28657
828-737-6059

Mitchell County Health Dept. 130 Forest Service Dr. Ste D
Bakersville, NC 28705
828-688-5067


House Site Strung
Reasonably Clear
House Corner Clearly Staked

No house site, property lines, driveway, or any other structures marked

Not
Reasonably
Clear

All Property
Corners Must
Be Clearly
Marked

Property corner
clearly marked
Property lines
strung from
corner-to-corner

TOE RIVER HEALTH DISTRICT
Avery & Mitchell County
Health Departments

Environmental Health Services Fee Schedule

On-Site Wastewater

Single-Family Residence	$.30 Per heated sq ft
Soil Evaluation	$480
Soil Evaluation over 500 sq ft	$.30 per heated sq ft
Composting/ Incinerating Toilets	$150
Septic Repair	$0.00
Septic Verification	$100.00
Septic Expansion	$336.00
Septic Relocation	Half Price of new Application
Re-Site Visit	$100.00
Permit Change	$100.00
RV/Camper/Yurt/Tiny House up to 500 sq ft	$150.00
Addition to Structure w/ Copy of Existing Permit W/out Copy of Permit (Verification)	$50.00 $100.00
Engineered Option AOWE A2 IP/CA	$35 $35 30%
1 Bedroom	Under 500 sq ft- $150 Over 500 sq ft- $0.30 sq ft

Well Permit

Well Permit	$325.00
Well Repair	$50.00
Change of Permit	$100.00
Well Abandonment	$50.00
Site Visits beyond 4	$50.00

Water Testing

Bacterial	$75
Inorganic Chemical	$125
Bacterial & Inorganic Chemical	$175
Anions	$125
Organochlorine Pesticides	$125
Nitrogen-Phosphourous Pesticides	$125
Herbicide/ Glyphosate	$125
VOC's/ Petroleum	$125

Food

Food Plan Review	$250
New Location Review	$250
Limited Food Service Establishment Permit Application (Sporting- Schools/Rec)	$75 Yearly
Mobile Food Unit/Push Cart	$75
Temporary Food Establishment Vendor	$75
Transitional Plan Review	$100

Pool

New Pool	$300
Pool Renewal Permit	$200

Tattoo

Artist Fee (with Bloodborne Pathogens certification)	$500
Parlor Fee	$700

Commercial

Building, Multiple Houses, Mobile Home Parks and Business Establishments (GPD= Gallon Per Day)	100-360 GPD $400 361-500 GPD $500
Each Additional 500 GPD	+ $300
Residential Developments That Request an Improvement Permit Only	Per site $480
Drip Irrigation/ Type V systems	Annually $125

Return Check Fee	$25
Service Fee	$25