

PIN # \_\_\_\_\_

Receipt/ Permit # \_\_\_\_\_



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK BENTON • Chief Deputy Secretary for Health  
SUSAN KANSAGRA • Assistant Secretary for Public Health  
Division of Public Health

### Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).  
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

- Improvement Permit  Construction Authorization  Repair/ Construction Authorization
- Existing System Authorization.  Verification

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

- Accepted  Conventional  Innovative  Other \_\_\_\_\_  Any

- New Construction  Expansion  System Relocation  Change of Use  Repair
  - 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: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

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?

I understand that the documentation and fees comma as required in G.S.130A-335 Attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S.130A - 335 . I understand that 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.**

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Cash \_\_\_ Check \_\_\_ # \_\_\_\_\_ Credit Card \_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_

PIN # \_\_\_\_\_

Receipt/ Permit # \_\_\_\_\_

Applicant Information:

\_\_\_\_\_  
Applicant Name Address Phone

\_\_\_\_\_  
Owner Name Address Phone

\_\_\_\_\_  
Street Address Subdivision Name Section/ Phase/ Lot#

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

**New Single Family Residence** Maximum number of Bedrooms \_\_\_\_\_

Will there be a basement? \_\_\_\_ Yes \_\_\_\_ No Square Footage of residence: \_\_\_\_\_

Will there be a slab? \_\_\_\_ Yes \_\_\_\_ No Will there be a crawl Space \_\_\_\_ Yes \_\_\_\_ No

Plumbing Fixtures in Basement? \_\_\_\_ Yes \_\_\_\_ No Maximum number of occupants \_\_\_\_\_

**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 \_\_\_\_\_

**Repair to Malfunctioning Sewage Disposal System:** 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? ( 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 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.

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'



**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

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**



Ensuring the conditions that allow the people of Avery and Mitchell Counties to be Healthy



## Instructions for Completing Improvement/Authorization to Construct Septic System

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. -4:30 pm . Monday - Friday.**

**Avery County 828-733-6059 Mitchell County 828-688-5067**

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





**TOE RIVER HEALTH DISTRICT**  
 Avery & Mitchell County  
 Health Departments



Permit / PIN Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Failing System Questionnaire:**

**\*\*This form Is to only be filled out for a Repair Permit \*\***

Name: \_\_\_\_\_

Address of Failure: \_\_\_\_\_

Original Owner: \_\_\_\_\_ Year Of Install \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Residents: \_\_\_\_\_

Type of Water source:  Public  Private Well  Shared Well

	Yes	No	Not Sure
Is your septic system backing up into your residence?			
Is your septic tank above working level?( i.e. Tank is <u>completely</u> full and/or coming up into the riser).			
Is wastewater surfacing at the tank?			
Is wastewater surfacing at the drain lines?			
Is wastewater within 3" of ground surface after more than 24 hours after a rainfall event?			
Do you have an in-home business/ home school?			
When was the last time you had the tank pumped?			
How often do you have your tank pumped?			
Do you have any plumbing fixtures that are leaking?			
Do you have a garbage disposal?			
Is this a vacation rental property?How many renters are advertised to be allowed to sleep at this residence?			
Is the tank ( risers/lids) currently accessible?			
Do you have a Whirlpool /Jacuzzi? Does it drain into the septic system?			
Do you have a laundry machine? How many loads per day and/or week?			
Do you have stormwater diversion on the property? If yes, where?			

Additional Notes: \_\_\_\_\_

# Toe River Health District

## Environmental Health Section

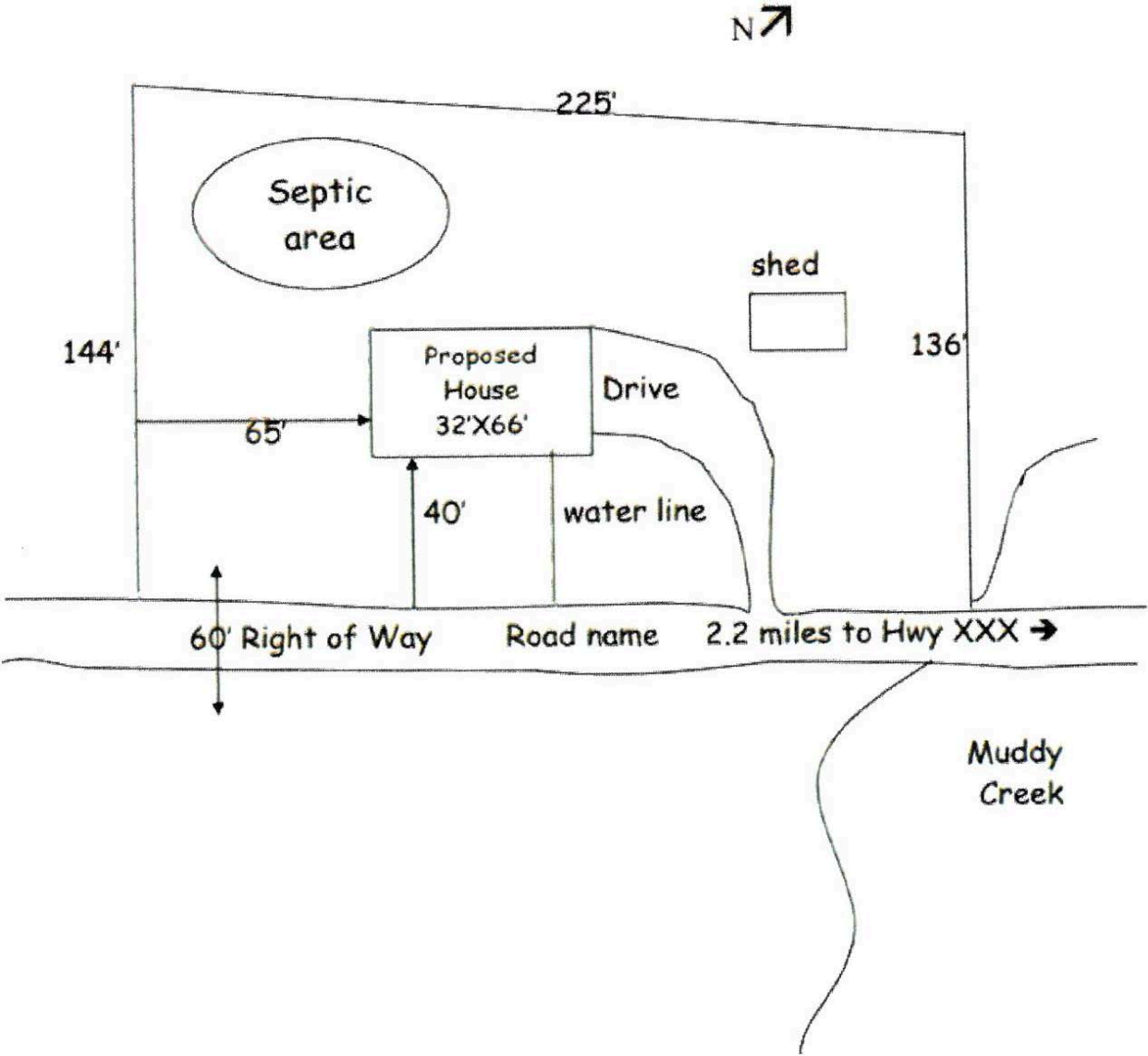
### Well and/or Septic Sample Site Plan

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:





## Environmental Health Fee Schedule

### On-Site WasteWater

Single Family Residence	\$ .30 Per Heated Sq Ft
Soil Evaluation < 1600 Sq Ft	\$480
Soil Evaluation over 1600 sq ft	\$.30 per Heated Sq Ft
Septic Repair	\$0.00
Septic Verification	\$100.00
Septic Expansion	\$336.00
Septic Relocation	Half Price
Re-Site Visit	\$100.00
Permit Change	\$100.00
RV/Camper/Yurt/Tiny House	\$150.00
Addition to Structure w/ Copy of Existing Permit	\$50.00
W/out copy of Permit (Verification)	\$100.00
Engineered Option	\$35
AOWE	\$35
A2 IP/CA	30%
1 Bedroom	Under 500 sq ft- \$150 Over 500 sq ft- \$ .30 Sq ft

### Well Permit

Well Permit	\$325.00
Well Repair	\$50.00
Renewal of Permit that hasn't expired	\$50.00
Renewal of Expired Well Permit ( 5yr limit)	\$250.00
Change of Permit	\$100.00
Well Abandonment	\$50.00
Site Visits beyond 4	\$50.00