**PIN #** _____ **Receipt/ Permit #** _____ **CDP #**_____

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? |
| ☐ 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 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_____
Maximum number of occupants_____ Square Footage of residence: _____
Will there be a basement? ____Yes ___No Plumbing Fixtures in 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

☐ **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 _____

☐ **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**

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'

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 (AC) for septic permit
- Improvement Permit (IP)/Authorization to Construct (AC)
- 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 the owner or the owner's legal representative" (15A NCAC 18A.1937).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 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

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 ***completely*** 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: _____**

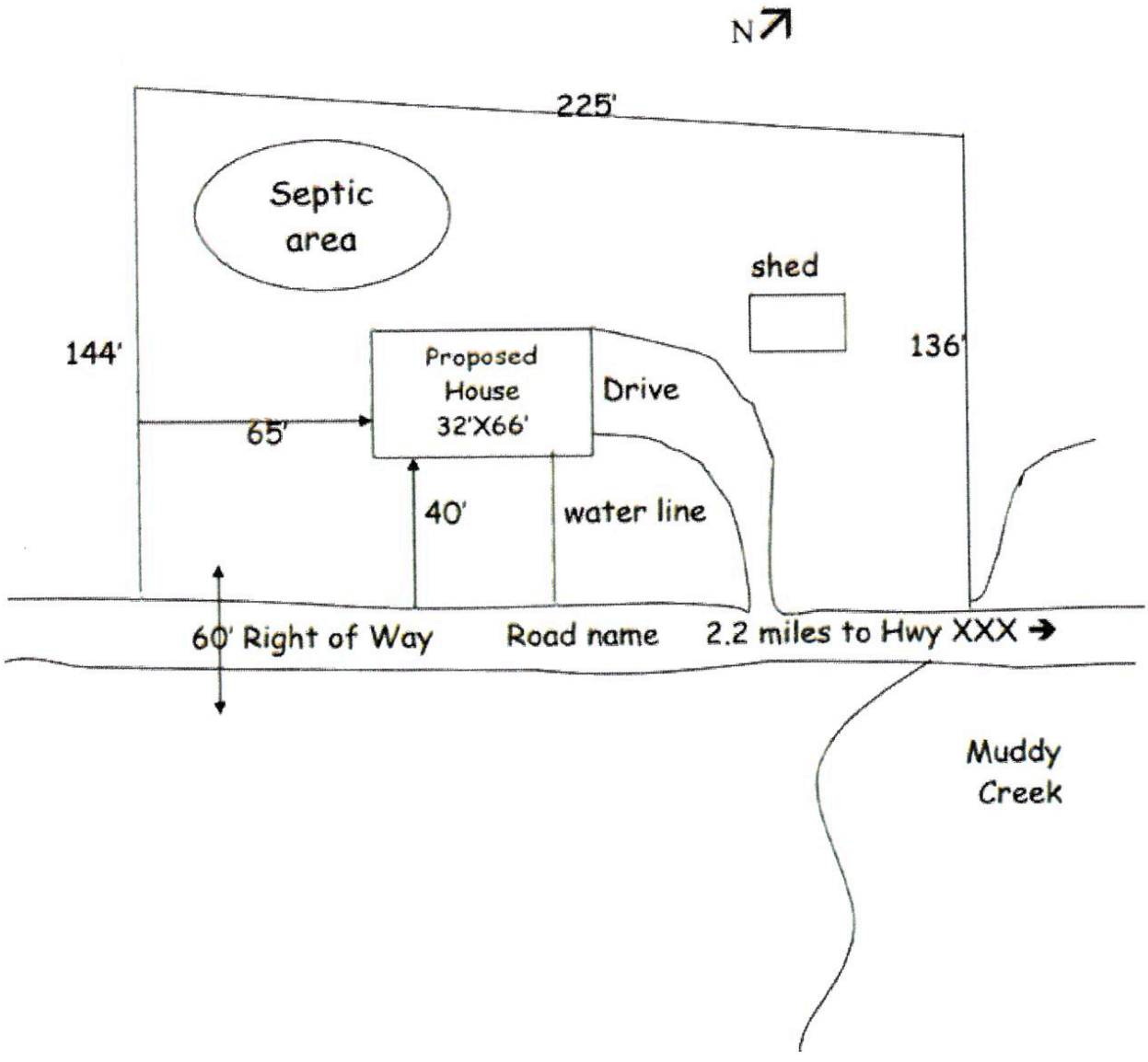
# Toe River Health District

## 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**<br>**W/out copy of Permit (Verification)** | **$50.00**<br>**$100.00** |
| **Engineered Option**<br>**AOWE**<br>**A2 IP/CA** | **$35**<br>**$35**<br>**30%** |
| **1 Bedroom** | **Under 500 sq ft- $150**<br>**Over 500 sq ft-$ .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** |