

IP Called _____ Int. _____
 Pick Up _____ Mail _____ Emailed _____ Fax _____

ON-SITE WASTEWATER SYSTEM APPLICATION

CA Called _____ Int. _____
 Pick Up _____ Mail _____ Emailed _____ Fax _____

ON-SLOW COUNTY

<p><i>NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION</i></p>	<p>TYPE OF ESTABLISHMENT</p>			<p>YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION OR A SITE PLAN:</p> <p><i>Please show the location of the residence or building, including decks, porches, and any other improvements such as pools, driveways, and other structures to include water supply on the plat.</i></p> <p><i>Improvement Permit issued pursuant to this application shall not be affected by change in ownership provided the site and facility the wastewater system serves are unchanged. The owner's agent shall provide written documentation of representation.</i></p> <p><i>The undersigned person hereby agrees that he/she has read this application. It is understood that any permit issued hereafter are subject to suspension or revocation if the site plans or the intended use change or if information submitted in this application is falsified or changed.</i></p>														
<p>TAX PARCEL I.D. NUMBER:</p>	<p>RESIDENCE: YES NO OTHER: _____</p>																	
<p>WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?</p>	<p>SQ. FOOTAGE OF RESIDENCE OR BUILDING:</p>																	
<p>OWNER:</p>	<p>BASEMENT: YES NO PLUMBING FIXTURE IN BASEMENT: YES NO</p>																	
<p>OWNER'S ADDRESS:</p>	<p>NUMBER OF OCCUPANTS:</p>																	
<p>OWNER'S EMAIL:</p>	<p>NUMBER OF BEDROOMS, SLEEPING ROOMS, AND ANY OTHER ROOMS OR ADDITIONS THAT CAN REASONABLY BE EXPECTED TO FUNCTION AS A BEDROOM:</p>																	
<p>OWNER'S DAYTIME PHONE NUMBER:</p>	<p>OWNER'S LEGAL REPRESENTATIVE:</p>																	
<p>OWNER'S LEGAL REPRESENTATIVE:</p>	<p>WATER SUPPLY: PUBLIC WELL OTHER: _____</p>																	
<p>REPRESENTATIVE'S ADDRESS:</p>	<p>IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW THEM ON THE PLAT</p>																	
<p>REPRESENTATIVE'S EMAIL:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">DESCRIPTION</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> </tr> </thead> <tbody> <tr> <td>Existing wastewater systems</td> <td></td> <td></td> </tr> <tr> <td>Easements or rights-of-way</td> <td></td> <td></td> </tr> <tr> <td>Wells, springs, or existing water lines</td> <td></td> <td></td> </tr> <tr> <td>Designated wetlands</td> <td></td> <td></td> </tr> </tbody> </table>				DESCRIPTION	YES	NO	Existing wastewater systems			Easements or rights-of-way			Wells, springs, or existing water lines			Designated wetlands	
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<p>SUBDIVISION NAME:</p>																		
<p>I AM APPLYING FOR A SITE EVAL & IMPROVEMENT PERMIT:</p> <p>Signature (Owner or Legal Representative) _____ Date _____</p> <p>EVALUATION & IP: Receipt No. _____ Amt. _____ Date Rec. _____ Date Ready _____</p>																		
<p>I AM APPLYING FOR AN AUTHORIZATION TO CONSTRUCT:</p> <p>Signature (Owner or Legal Representative) _____ Date _____</p> <p>AUTH TO CONSTR: Receipt No. _____ Amt. _____ Date Rec. _____ Date Ready _____</p>																		
<p>I AM APPLYING FOR A REVISIT :</p> <p>Signature (Owner or Legal Representative) _____ Date _____</p> <p>REVISIT: Receipt No. _____ Amt. _____ Date Rec. _____ Date Ready _____</p>																		
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<p>PLEASE CONTACT PRIOR TO EVALUATION: _____ OWNER _____ OWNER'S LEGAL REPRESENTATIVE</p>																		

PROCEDURES FOR OBTAINING PERMITS

APPLICATION

- The landowner or the owner's representative shall complete an application on a form supplied by the local health department. If the owner is represented by an agent, that agent should submit a written authorization signed by the owner indicating that this person is authorized to act as his representative in obtaining the on-site wastewater system permits, which includes soil/site evaluations and other necessary site visits.
- The application must be accompanied by a plat prepared by a Registered Land Surveyor (RLS) that will serve as a base map for the owner or his representative to show to scale the proposed building location, driveway, water supply location (well or water lines), and other pertinent features proposed for the property. If a plat prepared by a RLS is impractical, a site plan must be submitted with the application. If possible, the site plan should be drawn to scale (1" = 40')'. The property must be accurately staked in the field and all property lines readily identifiable.
- All information required by the applicable laws and rules shall be included with the application. Incomplete applications should be returned to the property owner or the owner's representative with a notice of information required to resubmit a complete application.
- Waterfront lots must have CAMA lines established.
- Identify any ditches, drains, french drains, sock tiles, farm drainage, or any other similar drainage devices or structures within the proposed lot.
- Identify any wells within 200 feet of the proposed lot.

IMPORTANT NOTICE

PLEASE BE ADVISED THAT DOING THE FOLLOWING WILL HELP AVOID DELAYS IN THE EVALUATION OF YOUR PROPERTY FOR A SEPTIC TANK PERMIT.

- (1) THE TRUE PROPERTY CORNERS (SURVEYOR'S IRON PIPES, RODS, AXLES, ETC.) MUST BE IDENTIFIED; FLAGS WILL BE PROVIDED TO ASSIST IDENTIFICATION OF PERMANENT MARKERS IN THE FIELD.
- (2) THE PROPERTY MUST BE PREPARED FOR AN EVALUATION AS FOLLOWS:
ONE OF THE CRITERIA TO BE CLASSIFIED DURING AN EVALUATION IS SITE TOPOGRAPHY. THEREFORE, WE MUST HAVE BOTH PHYSICAL AND VISUAL ACCESS INTO THE PROPERTY. SMALL LOTS MAY NEED TO BE BUSH HOGGED OR CLEARED BEFORE AN EVALUATION AND LARGE LOTS MAY NEED TO HAVE BUSH HOGGED OR BULL DOZED PATHS EVERY 25 FEET RUNNING AS NEAR PARALLEL AS POSSIBLE TO PROVIDE US WITH THE ABILITY TO THOROUGHLY EVALUATE THE SITE AT ONE TIME WITHOUT HAVING TO MAKE NUMEROUS ADDITIONAL TRIPS. IT WILL ALSO REDUCE THE CHANCES OF OUR STAFF COMING IN CONTACT WITH SNAKES, CHIGGERS, AND TICKS WHICH MAY CARRY LYME'S DISEASE AND ROCKY MOUNTAIN SPOTTED FEVER.
- (3) AVOID REQUESTING TO BE PRESENT DURING THE SITE EVALUATION. A PROPERLY COMPLETED APPLICATION PACKAGE WILL PROVIDE ALL THE INFORMATION NECESSARY TO CONDUCT THE EVALUATION.

I ACKNOWLEDGE AND HAVE BEEN MADE AWARE OF THE ABOVE. WHEN ALL THE ABOVE HAS BEEN DONE, I WILL CALL (910) 938-5851 AND REQUEST THAT MY APPLICATION BE TRANSFERRED FROM THE "INACTIVE APPLICATION STATUS" TO THE "ACTIVE APPLICATION STATUS". IF ITEMS 1 OR 2 ABOVE HAVE NOT BEEN DONE WHEN A MEMBER OF OUR STAFF ARRIVES TO CONDUCT YOUR EVALUATION, THE EVALUATION WILL NOT BE DONE. YOUR APPLICATION WILL BE RETURNED TO THE "INACTIVE APPLICATION STATUS"; A LOT/SITE PREPARATION LETTER, IDENTIFYING WHY THE LOT/SITE WAS NOT EVALUATED, WILL BE SENT TO THE OWNER/AGENT; AND THE APPLICATION WILL REMAIN IN THE "INACTIVE APPLICATION STATUS" UNTIL THE NECESSARY LOT PREPARATIONS ARE DONE. WHEN THE LOT IS READY FOR EVALUATION BEFORE OUR OFFICE WILL REACTIVATE THE FILE A \$50.00 REVISIT FEE MUST BE PAID. YOUR APPLICATION WILL THEN BE REACTIVATED AND RETURNED TO THE POOL OF APPLICATIONS ACCORDING TO ITS REACTIVATION DATE AND NOT ITS' ORIGINAL FILING DATE. PLEASE NOTE THAT YOUR FILE WILL CONTINUE TO BE RETURNED TO THE "INACTIVE" STATUS EACH TIME IT IS VISITED FOR EVALUATION AND FOUND NOT READY.

Please Indicate Desired System Type:

<input type="checkbox"/> PPBPS	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Mechanical Toilet	<input type="checkbox"/> Pressure Dosed Sand Filter	<input type="checkbox"/> Polystyrene Aggregate	<input type="checkbox"/> Chambered
<input type="checkbox"/> Privy	<input type="checkbox"/> Composting Toilet	<input type="checkbox"/> Peat Biofilter System	<input type="checkbox"/> "Brunswick" Bed/Fill	<input type="checkbox"/> 1:1 No Reduction	<input type="checkbox"/> 1:1 No Reduction
<input type="checkbox"/> Vault Privy	<input type="checkbox"/> Low Pressure Pipe	<input type="checkbox"/> Aerobic Sewage Treatment	<input type="checkbox"/> Wastewater Disposal System	<input type="checkbox"/> 25% Reduction	<input type="checkbox"/> 25 % Reduction
<input type="checkbox"/> Bed System	<input type="checkbox"/> Large Diameter Pipe	<input type="checkbox"/> PTI Multi-Pipe System	<input type="checkbox"/> Aerobic Drip	<input type="checkbox"/> 26 - 35 % Reduction	<input type="checkbox"/> 26 - 35 % Reduction
<input type="checkbox"/> Conventional	<input type="checkbox"/> Incenterating Toilet	<input type="checkbox"/> Other (specify	<input type="checkbox"/> Anaerobic Drip	<input type="checkbox"/> with (5) year warranty	<input type="checkbox"/> with (5) year warranty

Other: _____

Improvement permits for which a plat is provided shall be valid without expiration. Improvement permits for which a site plan is provided shall be valid for 5 years.

Signature

Date