Rowan County Environmental Health Application

Township_____________  PIN#___________  CDP#__________

Date:  Fee paid:  Receipt #:  Check # (if applicable):

Applied for:  SEPTIC:  ___IP  ___CA  ___EXISTING SYSTEM RELEASE  ___REPAIR  ___WATER ANALYSIS

WELL:  ___NEW  ___REPAIR  ___ABANDONMENT  ___VARIANCE  ___CAMERA

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THE IMPROVEMENT PERMIT AND CONSTRUCTION AUTHORIZATION WILL BECOME 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)

Property Information:

Street Address/City/Zip Code  Subdivision  Sect/Phase/Lot #

Directions:____________________________________________________________________________________________________________________________________________________

Comments:________________________________________________________________________________________________________________________________________________________________________________________________________________

Applicant Name:________________________________________  Owner Name:________________________________________

Address:_________________________________________________  Address:_________________________________________________

Phone #________-________-________  Phone #________-________-________

Email___________________________________________________  E-mail___________________________________________________

Residential Information:

___ New system single family  Maximum # of bedrooms_______
___ New system multi-family  Maximum # of occupants (people)_______
___ Expansion from _____bedrooms to _____bedrooms  Basement  yes/no
___ Existing system release  Fixtures in basement  yes/no
___ Repair to malfunctioning system
___ New well  ___Well repair  ___Well abandonment  ___Well Variance  ___Well Camera
___ Water sample  ___Bacteria  ___Inorganic  ___Nitrite/Nitrate  ___Full kit  ___Other

Water Supply:  Are there any existing wells, springs or waterlines on the property?  Yes/No
___new well  ___existing well  ___community  ___public water  ___spring

___yes  ___no  Does the property contain any jurisdictional wetlands?

___yes  ___no  Does the property contain any existing wastewater (septic or sewer) systems?

___yes  ___no  Is any sewage going to be generated on the property other than domestic sewage?

___yes  ___no  Is the property subject to approval by any other public agency?

___yes  ___no  Are there any easements or right of ways other than street frontage on this property?

Non-residential Information:

Type of business:_________________________  Private restrooms______  Public restrooms______

Square footage:_______________  Maximum # of employees:_______  Maximum # of seats:_______

**If applying for Construction Authorization, which type of system would you prefer?

___Accepted  ___Alternative  ___Conventional  ___Innovative  ___Other  ___Any

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.

____________________________________________________  __________________________
Property owner or owner’s legal representative signature  Date

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

TURN OVER, READ, INITIAL EACH SPACE AND SIGN AT THE BOTTOM!
ENVIRONMENTAL HEALTH REQUIREMENTS
for SEPTIC and WELL PERMITS

The following forms must be submitted, as well as the lot must be properly prepared as noted below. Please initial each section and sign at the bottom that all things have occurred prior to submitting your application.

_____Application/Site Plan/Owner Authorization (if not owner)/Preliminary Zoning Review when applicable

_____Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 ft. of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc.

_____Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 ft. if adjacent property corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified prior to application submittal. Mow lines and/or fence lines do not constitute marked lines. If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on hold and a site re-visit fee will be charged.

_____Stake or flag the footprint of the proposed structure, addition, pool, etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per on the site plan.

*If the lot is not adequately cleared and house/property lines sufficiently marked, then the application will be put on hold and a site re-visit fee will be charged until the requirement is met.

_____If a Construction Authorization (CA) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the site plan including decks, porches, etc. The dimensions of the property and the structures must be clearly noted.

_____When an Expansion application is submitted, all utilities shall be marked before soil can be evaluated. Call 811 for this service.

*If backhoe pits are required to be dug at the location, pit depths will be determined by the EH specialist or a NC Licensed Soil Scientist. A minimum of 3 pits must be dug. The applicant is responsible for securing this service and contacting the EH specialist to schedule the pit evaluation.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature and Date________________________________________________________________________