

**New Hanover County Health Department
Application for
Improvement Permit and/or Authorization to Construct**

- | |
|---|
| <input type="checkbox"/> Survey plat to scale* submitted
<input type="checkbox"/> Scaled* site plan submitted
<input type="checkbox"/> Unscaled site plan submitted
* scale of 1" = no more than 60' |
|---|

___ Improvement Permit ___ Authorization to Construct Tax Parcel # _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL 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)

APPLICANT INFORMATION

Applicant _____ Address _____ Home & Work Phone _____

Email Address: _____

Owner _____ Address _____ Home & Work Phone _____

Email Address: _____

PROPERTY INFORMATION

date originally deeded & recorded _____

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____ Lot Size _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Relocation/New
- Expansion of Existing System
- Repair to Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms: _____
 Maximum number of occupants: _____
 If expansion: Current number of bedrooms: _____
 Will there be a basement? yes no
 Plumbing fixtures in Basement yes no

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? yes no

New well Existing Well Community Well Public Water Spring

If applying for Authorization to Construct: Please Indicate Desired System Type(s):

(systems can be ranked in order of your preference)

Accepted Alternative Conventional Innovative Other _____ Any

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- yes no Does the site contain any jurisdictional wetlands?
- yes no Does the site contain any existing wastewater systems?
- 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 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's or owner's legal representative signature (required)**

Date

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



**NEW HANOVER COUNTY
HEALTH DEPARTMENT
Environmental Health Services
230 Government Center Dr., Suite 140
Wilmington, NC 28403
TELEPHONE (910) 798-6667 FAX (910) 798-7815**



CHECKLIST FOR APPLICATION FOR SEPTIC SYSTEM REPAIR PERMIT

- _____ New Hanover County Health Department (NHCHD) Environmental Health Services (EHS) application form for Improvement Permit and Construction Authorization, Completely filled out and signed
- _____ Owner's consent to filing of this application, in writing, if applicant is not owner
- _____ Survey or other legal map showing property dimensions, boundaries, and all easements
- _____ Site plan, drawn to scale, between 1 in. = 10ft and 1 in. = 60 ft., showing all existing and proposed development
- _____ Completed Homeowner Interview form
- _____ Water bills from the last six months or metered well readings (if requested)
- _____ Written documentation from the nearest provider of sewer/water that sewer/water is NOT available to the property
- _____ Location of water meter and waterline to the structure if served by public water.
- _____ Locator service has been contacted and has/will locate all underground public utilities on _____ (date)
- _____ If applicant desires to reuse existing septic tank, it must be exposed to the invert of the inlet and outlet prior to EHS evaluation
- _____ All well heads cut off sub-surface (underground) must be exposed (dug up) to verify location
- _____ Property boundaries must be flagged or staked (flags provided)

I, _____ (print name) certify that I have fulfilled the above-referenced application requirements and the property is prepared for a site evaluation. _____

(Signature of applicant/owner)

NEW HANOVER COUNTY ENVIRONMENTAL HEALTH SERVICES FEE SCHEDULE

Soil Evaluation	\$281.00 *plus \$100 each additional 500 gal/day
Sewage System Construction Authorization (Type I, II, III)	\$280.00
Sewage System Construction Authorization (Type IV, V, VI)	\$832.00 *plus \$100 each additional 500 gal/day
Sewage System Permit Revision	\$140.00
Sewage System Repair Permit	\$ 50.00
Existing System Inspection (Building addition or Private pool)	\$140.00
Existing System Inspection (Reuse Purposes)	\$140.00
Reissue or Revise Construction Authorization	\$140.00
Land Record Review	\$100.00 plus \$50 each additional hour
Re-inspection after failed inspection at initial visit	\$ 70.00
Well Permit (Including site evaluation & bacterial analysis)	\$350.00
Water Sample – Bacteriological	\$140.00
Water Sample – Bacteriological	\$ 70.00
Water Sample – Chemical	\$140.00
Re-inspection after failed inspection at initial visit	\$ 70.00
Food Service Plan Review	
Prototype Restaurant & Food Stands	NC DENR – Division of EH approval letter
Non-prototype / Independent Restaurants, Food Stands & Mobile Food Units	\$250.00
Renovations / Changes (dimension of food preparation area, seating capacity or addition to room)	\$250.00
Temporary Food Establishment Permit	\$ 75.00
Seafood Market Permit	\$100.00
Seafood Vehicle Permit	\$ 50.00
Swimming Pool – Operation permit	\$200.00 **
Swimming Pool – Plan Review (new facility construction)	\$250.00
Re-inspection after failed inspection at initial visit	\$ 70.00
Tattoo Artist and/or Body Piercing Permit per location	\$200.00
Tattoo Artist and/or Body Piercing per location paid less than 30 days prior to or after permit expiration	<u>\$300.00</u>
Tattoo Artist and/or Body Piercing Secondary Permit @ alternate location	\$125.00 ***
Temporary Tattoo Artist and/or Body Piercing Permit	\$100.00 **** operate 2 weeks or less

* First 500 gal/day

** Second & subsequent facility @ same address 25% reduction

*** Tattoo and/or Body Piercing Shop under same ownership

**** Permit to operate 2 weeks or less

EHS091

7-2013

“Healthy People, Safe Environment, Strong Community”

EHS090
12-2015

DOCUMENTATION TO AUTHORIZE AN OWNER’S LEGAL REPRESENTATIVE

Applications for permits require the “signature of the owner or owner’s legal representative” (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

- 6. By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in New Hanover County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, 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)
- 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 the _____ County Department of Public Health, Environmental Health Division.

Signature of Owner(s) Date Signature of Witness Date

Homeowner Interview Form

Please fill out completely to assist in the evaluation of your failing system

Name _____ Date _____

Address _____ Phone (H) _____

_____ (W) _____

When was septic system installed? _____ Permit # _____

Installer of current system _____

When was the last time your system tank was pumped? _____

Septic Tank Pumper _____

How often do you have your septic tank pumped? _____

Where in your yard are your septic tank and drainfield: _____

Describe what is happening when you are having a problem with your septic system: _____

When did you first notice the problem? _____

Does the problem seem to be linked to certain events (heavy rains, washing clothes, company staying over) or does it occur at certain times of the day or week? Explain: _____

How many people live in your house? _____ Adults _____ Children _____ Teens

How much water do you use each day? _____

Are you on public water? _____ How much is your monthly water bill? _____

Do you have a garbage disposal? _____ How often do you use it? _____

Do you have a dishwasher? _____ How often do you use it? _____

Do you have a washing machine? _____ How many loads per week do you wash? _____

Do you use an "in the tank" or "in the bowl" toilet bowl sanitizer? _____

Do you have a water softener or water treatment system? _____

Where does it drain? _____

Is this your first experience utilizing a septic system? _____ Yes _____ No

Are any household cleaning chemicals put down the drain? _____

What kinds? _____

Are any chemicals, paint thinners, paints, etc., disposed down the drain? _____

What kinds? _____

Have any new water using fixtures been added since the system was installed? _____

What kinds? _____

Please list any plumbing fixtures (like spas or whirlpools) other than sinks, lavatories, showers / bath & toilets: _____

Do you have an underground lawn-watering system? _____

Has any site work been done to the house since you moved in, such as gutter drains, a new pool, basement or foundation drains, landscaping, paving of driveway? _____

Describe: _____

Are there any underground utilities on your lot? _____

Check which ones:

_____ Power _____ Phone _____ Cable _____ Gas _____ Water

Signature

MEMORANDUM

TO: Applicants For Septic System Repair Permits

FROM: Catherine Timpy, Senior Environmental Health Program Specialist
Dianne Harvell, Environmental Health Services Manager

DATE: September 14, 2001

SUBJECT: Wells, water and other utility lines

Please be advised that applications for septic system repair permits will be reviewed/site inspected **AFTER** the applicant has located all utility lines which may interfere with the installation of any repair. These include water lines (including irrigation lines) electric, telephone, cable, etc. There is a utility locating service available at no charge, which will locate power lines, except private lines, cable and telephone lines. It is North Carolina One Call (“No Cuts”) and their telephone number is 1-800-632-4949. The applicant is to notify the Health Department when this is completed. The site will then be visited for purposes of evaluating the area available for a septic system repair. Hopefully, this procedure will eliminate the need to make adjustments at the time of installation and avoid undue costs.

Additionally, at this time, it should be noted that the State Laws and Rules for Sewage Treatment and Disposal Systems (15A NCAC 18A.1950(a)14) requires that any part of a septic system be at least 10 feet from **ANY** water line. This means irrigation systems crossing septic tanks and drainfields must be relocated at least 10 feet away. The only deviation from this is under .1950(f), which allows for a supply line to cross a water line if constructed of ductile iron pipe **OR** 18 inches of separation can be maintained, with the sewage supply line crossing beneath.

The rules also require a minimum distance of 50 feet away from any part of a septic system to any water supply well (. 1950(b). **This includes irrigation wells.** A well of any type which is located closer than 50 feet to an existing septic tank and/ or drainfield will either have to be abandoned by a certified well driller, and the abandonment log submitted to this office **OR** the septic tank must be relocated at least 50 feet away from the well. The authorization to construct may be issued after the well is abandoned, if the applicant does not relocate the septic tank.

If you have any questions, please contact us at 798-6667.