



NEW HANOVER COUNTY

PUBLIC HEALTH

ENVIRONMENTAL HEALTH SERVICES

230 Government Center Drive, Suite 140, Wilmington, NC 28403

P: (910) 798-6667 | F: (910) 798-7815 | NHCgov.com

David G. Howard, MPH, Director

Application for On-Site Water Protection Program (OSWP) Septic and/or Well

Application Type (check all that apply):

- Septic System Improvement Permit (IP)** Evaluate/permit septic system: New Relocation Expansion
- Construction Authorization (CA)** Permit to *install* septic system
- Septic System Repair Permit** Septic system is not working
- Permit Revision (CA/IP)** Permit # _____
- Re-Use of Existing System:** Septic Well
- Well Permit drinking water well:** New Replacement/New Repair Abandonment
- Water Sample:** Bacteria Inorganic Organic
- Soil Wetness Monitoring** alternative to determine soil wetness

Building Safety Permit #: _____ (if applicable)

Applicant Information:

Applicant Name: _____
 Mailing Address: _____
 City,State,Zip: _____
 Cell / Home Phone: _____
 Work Phone: _____
 Email Address: _____

Owner Information:

Same as Applicant
 Property Owner: _____
 Mailing Address: _____
 City,State,Zip: _____
 Cell / Home Phone: _____
 Work Phone: _____
 Email Address: _____

Property Information:

Tax Parcel # _____ Date originally deeded & recorded: _____
 Property Address: _____ City,Zip: _____
 Subdivision Name: _____ Section/Phase: _____ Lot #: _____
 Lot Size (total acres): _____ Acreage to be evaluated (IP only): less than 1 acre greater than 1 acre

County Sewer: Yes No If yes, sewer provider: CFPUA AQUA Other: _____

Water Supply: New Well Existing Well Community Well Shared Well Public Water Spring

If public water, water provider: CFPUA AQUA Other: _____ Is there an existing irrigation well? Yes No

occupants/employees drinking water well will serve: _____ # homes/ buildings drinking water well will serve: _____

Development Information: (check any that apply) Residential Non-Residential/Commercial/Industrial

- New Septic System
- Building Addition/Conversion: Relocation of Existing Septic System Expansion of Existing Septic System
- Building Addition/Conversion, **Re-Use Existing System:** Septic System Private Drinking Water Well
- Repair to Malfunctioning Septic System (septic system not working)
- Mobile Home Replacement
- Adding a Swimming Pool (Private)

Residential Specifications: New Construction Existing Construction

Type of Residence: Single Family Home Multi-family/Duplex Mobile Home Other: _____

Existing number of bedrooms: _____ Maximum number of occupants (# bedrooms x 2): _____

Are you adding bedrooms? YES NO Will there be a basement? YES NO

Proposed total number of bedrooms: _____ Plumbing fixtures in Basement YES NO

Non-Residential Specifications:

Type of business: Industrial Commercial _____

Total square footage of building(s): _____ Maximum number of employees: _____ Maximum number of seats: _____

Additional Information to help determine design daily flow of sewage: _____

Type of water using fixtures: _____

If applying for Septic System Construction Authorization(CA) or Septic System Repair:

Please indicate desired Septic 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? Please explain: _____
 - Yes No Are there any easements or right of ways on this property?
 - Yes No Is the site subject to approval by any other public agency? Please explain: _____
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If the information submitted in the application for an Improvement Permit, Construction Authorization, Well Permit, or any of the above application types is found to have been incorrect, falsified or changed, or the site is altered, the Permit or Construction Authorization shall become invalid, and may be suspended or revoked. It is unaffected by a change in ownership of the property. **The permit is valid for either 60 months or without expiration depending upon documentation submitted.** (Complete site plan = 60 months; complete plat = without expiration).

I hereby certify that I am the applicant/owner, or owner's authorized legal representative. 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.

The issuance of this permit by New Hanover County Health and Human Services in no way guarantees the issuance of other required permits. The applicant is responsible for checking with other appropriate governing bodies to assure meeting their requirements.

Property owner's or owner's legal representative signature (required)**

Date

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

To make application for Environmental Health Services, please provide all information required on the checklist for each permit you are applying for and upload this application and all supporting documents to New Hanover County COAST at <https://www.nhcgov.com/coast/>.