

Check List for Existing System Inspection

If you have an existing septic tank on a private lot or in a mobile home park, **before you can obtain a building permit to do either of the following:** a) set up a mobile home, b) build a house or modular home, c) add an addition to a house, mobile home or any other type of building, d) construct a building, e) pour any type of cement/concrete pad [such as for a dog lot], f) install a swimming pool, or g) restore electrical service **you must contact Environmental Health at (336) 570-6367 for an Environmental Health Specialist to do an existing system inspection on the septic tank.**

1. Apply for service.
2. Complete application (**FORM MUST BE FILLED OUT COMPLETELY**).
3. **Pay \$55.00 fee** for private lot - **\$55.00** fee for Mobile Home Park.
4. Any changes - all types of structures such as buildings, swimming pools, additions, etc. - **MUST BE CLEARLY IDENTIFIED/STAKED OFF ON THE PROPERTY.**
5. **PROPERTY CORNERS MUST BE CLEARLY IDENTIFIED.**
6. Environmental Health Specialist will go out to check septic tank.
7. Environmental Health Specialist will approve or deny system.
8. If the septic system is approved the Environmental Health Specialist will draw up a **septic tank permit** (which is called an Existing Sewage System Authorization permit) and give to you to take to the Building Inspections Department [located at 217 College Street, Graham, (336) 570-4059] to obtain the necessary permits from their agency.

If the number of existing bedrooms is to be increased, then a soil evaluation/upgrade application must be completed - fee is \$210.00. Refer to site/soil evaluation procedures.

Please make checks payable to: Alamance County Health Department.

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

Alamance County Health Department
Environmental Health Section
209 N. Graham-Hopedale Road
Burlington, NC 27217
Phone: (336) 570-6367

Fax: (336) 570-6362

www.alamance-nc.com

REQUEST FOR SERVICES

Tax Map Number: _____ GPIN: _____

Requestee's Name: _____

Address: _____
STREET CITY STATE ZIP

Telephone #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____

Address: _____
STREET CITY STATE ZIP

Telephone #: _____ Cell #: _____

Email Address: _____

Directions to Property: _____

TYPE OF SERVICE NEEDED

EXISTING SYSTEM INSPECTIONS - Circle the building type and complete the information on the next page.

House - (\$55.00)

Mobile Home - (\$55.00)

Business - (\$55.00)

Circle if either of the reasons listed below apply to your request:

Required for survey plat (\$55.00) - A plat or a survey map must accompany this application.

Mobile Home Park (\$55.00)

Clearly locate and flag all property corners and lines and corners of proposed structure.

Requestee is strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over this property and comply with any and all requirements which will need to be met before any improvements are made to this property.

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Permission is granted for Health Department Personnel to perform the necessary evaluations and inspections on the property.

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Owner/Applicant Signature: _____ Date: _____

Please make check payable to: ALAMANCE COUNTY HEALTH DEPARTMENT

7/5/2011

**SUPPLEMENTARY INFORMATION FOR EVALUATION
OF EXISTING SEPTIC SYSTEM**

1) Moving a mobile home in a mobile home park:

Name of Park: _____

Lot Number: _____

2) Locating or replacing a mobile home on a vacant private lot served by an existing septic system.

Number of bedrooms in original residence on the site: _____

Number of bedrooms in proposed residence on the site: _____

Number of residents: _____

Dimensions of proposed mobile home or house: _____

If a house, will it have a basement? Yes No

3) Need electrical service restored: _____

4) Adding sleeping area to existing residence:

Current number of bedrooms: _____

Number of bedrooms after addition is complete: _____

5) Other (give details): _____

Please give us the following information:

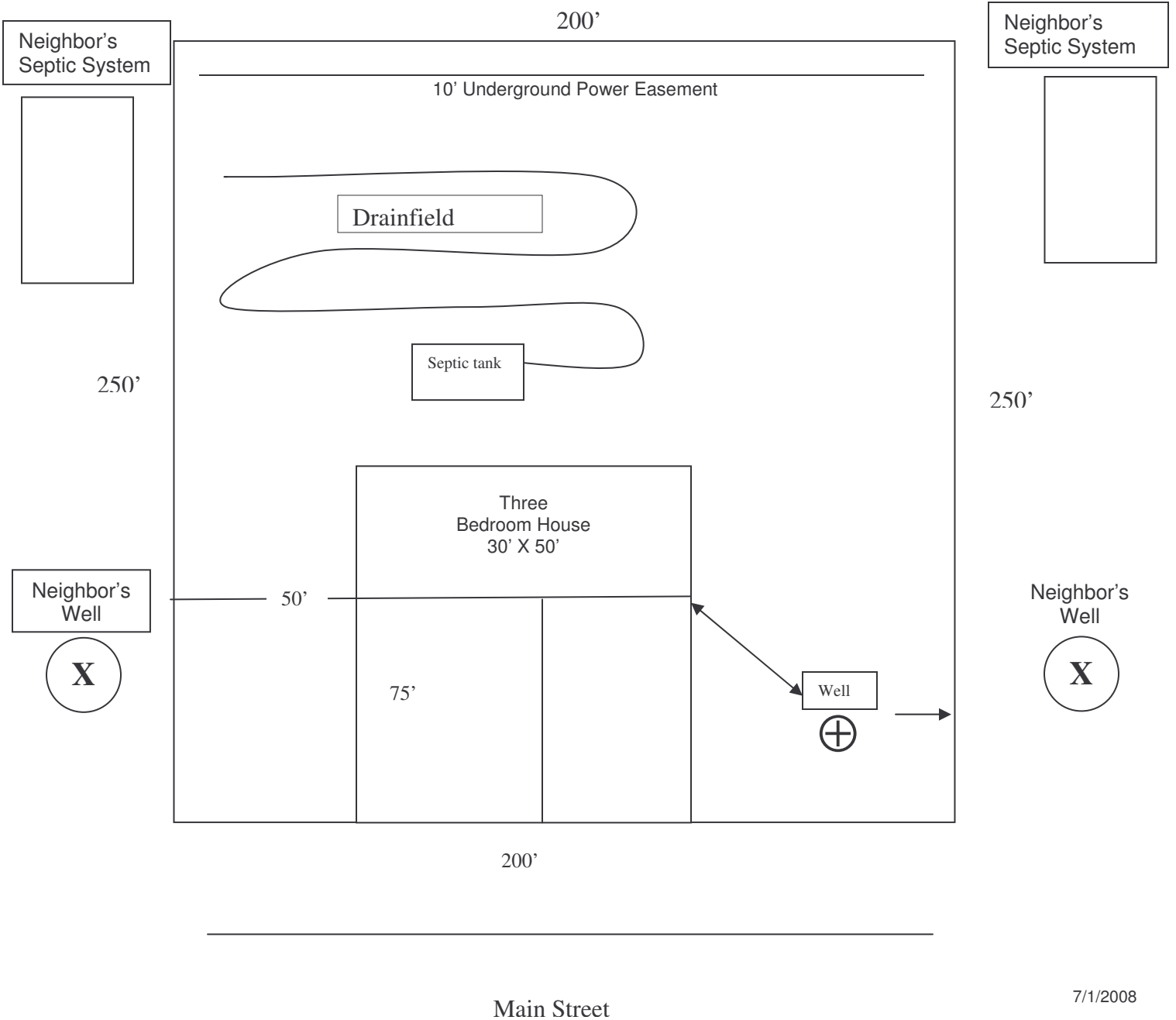
1) Under what name or names might we find any septic tank permits from when the septic tank system was originally installed or repaired? Any information you can provide to us (name of builder, septic system installer, location of septic system, dates, etc.) may help to speed the septic system check process.

SAMPLE SITE PLAN

If you are applying for an Existing System Check, you will be asked to provide us with a "Site Plan". Below you will find a sample site plan to assist you in preparing yours. Before we visit your property, we must have a site plan showing the items below.

The site plan you prepare is required for us to complete your request. Please show the exact location where you would like to locate the addition or where you plan to place the pool, garage, mobile home, etc. You also must show on your site plan the current location of your well, septic system, waterlines, and other underground utilities. Don't forget to show your property corners and property lines.

If you have any questions, please call us at (336) 570-6367.



SITE PLAN

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)