

ALAMANCE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

Instructions for Having Property Evaluated for a Septic Tank System/Improvement Permit

NOTICE: Property owners and persons requesting site evaluations for septic tank permits are strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over the property to be evaluated and comply with any and all requirements which will need to be met before any improvements are made to the property. The issuance of an Improvement Permit (Septic Tank Permit) by the Health Department in no way guarantees the issuance of any other permits.

Before we can begin to evaluate your property, we need the following information from you:

- 1) Tax map number to the piece of property you wish for us to evaluate.
- 2) Complete the application for Improvement Permit and/or Construction Authorization. A site plan or survey plat must accompany each application. Attached is a sample site plan and worksheet to help you prepare your site plan.
- 3) If you wish to obtain an Improvement Permit that is valid for 5 years:
A site plan (does not have to be a scale) or a survey plat of the property that shows:
 - The dimensions of the property.
 - The proposed location of the house. Show the setbacks from the road and the side property line.
 - When showing the location of the house, be sure and give its dimensions. If you are unsure as to the house size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the house will cover.
 - The preferred driveway location.
 - Any further structures or improvements to the property such as garages, workshops, pools, etc.
 - The location of any existing septic tanks systems and wells on your property and on your neighbor's
 - Property within 100' of your property line.
 - The location of any easement or rights of way on the property.
 - The location of any designated wetlands on the property.
- 4) If you wish to obtain an Improvement Permit that is valid without expiration you must show either:
 - A) A survey plat of your lot prepared by a Registered Land Surveyor. It must be prepared at a scale of one inch equals no more than sixty feet and shows:
 - The dimensions of the property.
 - The specific location of the building to be put on the property.
 - The site for the proposed wastewater system.
 - The location of water supplies and surface waters.
 - OR
 - B) If your lot has already been recorded at the Register of Deeds Office, a copy of the recorded plat along with a site plan that is drawn to scale and contains all the information requested in number 3 above.

Helpful Hint: Visit the Register of Deeds Office (570-6565) to see if a survey map of your property already exists.

THE APPLICATION FOR AN IMPROVEMENT PERMIT IS NOT CONSIDERED COMPLETE UNTIL WE HAVE RECEIVED THE SITE PLAN IN OUR OFFICE. WE CAN TAKE NO ACTION ON INCOMPLETE APPLICATIONS.

- 5) Locate and make all survey corners of the lot or of the proposed lot. If a new lot is proposed and has not been surveyed, locate and mark an existing survey iron which can be used as a reference point for the new lot. Next, mark the corners of the proposed new lot in the field.
- 6) You must clearly mark in the field the location of all the items identified on your site plan/ survey plat.
- 7) You must indicate a desired septic system type by completing the enclosed form.
- 8) If the site is found to be usable for a septic tank system, we will issue a permit for the installation of a conventional, modified conventional or alternative system. If you wish to have another type of system considered for use on your site, please contact our office for information

Please call our office at (336) 570-6367 when the site has been prepared in accordance with these instructions. We can not schedule site visits unless we have a site plan or survey plat with the application. Please be advised that from the day you notify us the site is ready for evaluation for us to begin our field work could take up to 60 days. Under circumstances we should be able to begin our field work within 3 weeks.

**ALAMANCE COUNTY HEALTH DEPARTMENT
Environmental Health Section**

209 North Graham-Hopedale Road
Burlington, North Carolina 27217-2971
www.alamance-nc.com
Phone Number (336) 570-6367
Fax Number (336) 570-6362

Joseph B. Bass, Jr., MSW
Health Director

Before Alamance County Environmental Health can conduct a soil evaluation at Tax Map Number _____, the following conditions must be met:

- 1) All corners pins or irons are set and properly marked and visible
- 2) All property lines are flagged and easily discernable
- 3) Proposed house corners are properly staked and visible
- 4) The area to be evaluated is clear of thick vegetation, debris, etc. and is accessible

_____ My property presently meets these conditions and is ready to be evaluated by Alamance County Environmental Health.

_____ My property presently does not meet these conditions, however, when these conditions are met, I will contact this office at (336) 570-6367 to have my property evaluated by Alamance County Environmental Health.

I understand if the aforementioned conditions are not met, a trip fee of **\$55.00** will be charged each time this office is requested to visit the property.

Signature

Date



COMMITTED TO PROTECTING AND IMPROVING THE
PUBLIC'S HEALTH IN ALAMANCE COUNTY



**ALAMANCE COUNTY APPLICATION FOR IMPROVEMENT PERMIT/
AUTHORIZATION TO CONSTRUCT**

Tax Map Number: _____ GPIN: _____

Requestee's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Property Address: _____

Subdivision Name: _____ Section/Lot #: _____

Directions to Property: _____

SUBDIVISION/MOBILE HOME PARK NAME: _____ SECTION: _____ LOT: _____

Residence: House Mobile Home Number of Bedrooms: _____ Number of Occupants: _____

Other (Please Describe): _____ **Maximum** dimensions of Residence or Building _____

Basement: Yes No Plumbing Fixtures in Basement? Yes No

Water Supply Public Private Well Spring Other: _____

YOU MUST INCLUDE A PLOT PLAN OF YOUR PROPERTY WITH THIS APPLICATION.

All property corners and lines must be clearly located and marked. Please show the setbacks to location and dimensions of the residence or the building including decks, porches, and any other existing or planned improvements such as pools, driveways, and other structures on the plot plan.

Are there any existing wastewater systems located on this property? Yes No
If so, please show on the plat.

Are there any easements or rights of way on this property? Yes No
If so, please show on the plat.

Are there any existing wells, springs or water lines on this property? Yes No
If so, please show the plat.

Is any wastewater going to be generated on the site other than domestic sewage? Yes No
If so, please show on the plat.

Are there any designated wetlands on this property? Yes No
If so, please show on the plat.

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.

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.

Date

Owner/Agent Signature

OWNER/AGENT IS SOLELY RESPONSIBLE FOR COMPLIANCE WITH ALL STATE AND LOCAL REGULATIONS. There is a \$210.00 fee for all applications for new or expanded facilities.

Please make check payable to: Alamance County Health Department
Please enclose check and plat or map with this application.

Mail application to: Environmental Health Section 209 N. Graham-Hopedale Road, Burlington, N.C. 27217 (336) 570-6367

ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
209 N. GRAHAM-HOPEDALE RD.
BURLINGTON, NC 27217

Fax: (336) 570-6362

Phone: (336) 570-6367

www.alamance-nc.com

Application for Well Permit

Tax Map Number: _____ GPIN: _____

Requestee's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Property Address: _____

Subdivision Name: _____ Section/Lot #: _____

Directions to Property: _____

Well Permits - Circle types needed

New (\$315.00) Replacement (\$315.00) Repair (\$210.00) Abandonment (\$0)

Intended Use of Well – Circle appropriate use

Residential (serving one single family dwelling) Residential (serving more than one single family dwelling)
Public (serving 15 or more connections/25 or more people) Irrigation Geothermal

- Are there any existing septic systems (surface or subsurface) located on this property? ___Yes ___No
- Are there any easements or rights of way on this property? ___Yes ___No
- Are there any existing wells, springs or water lines on this property? ___Yes ___No
- Are there any surface water bodies or designated wetlands on this property? ___Yes ___No
- Are there any above ground or below ground chemical or petroleum storage tanks on this property? ___Yes ___No
- Are there any known landfills within 500 feet, or waste storage within 100 feet of this property? ___Yes ___No
- Is there any known underground contamination on this property? ___Yes ___No
- Any areas on or adjacent to that are used for industrial, municipal sludge spreading or wastewater-irrigation sites? ___Yes ___No
- Have any variances been issued for this property regarding well construction or location? ___Yes ___No
- Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a) for this property? ___Yes ___No

PLEASE ATTACH A SITE PLAN OF THIS PROPERTY SHOWING ALL POTENTIAL CONTAMINATION SOURCES

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. 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 field investigation can be performed.

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.

Owner or Applicant Signature

Date

Please make checks payable to: Alamance County Health Department

7/1/2008

You must indicate a desired system type and rank in order of your preference. You must select at least one type. Place a **1** beside your desired first choice, a **2** beside your desired second choice, etc.

Conventional/Accepted Modified Conventional Alternative

Other (specify): _____

See the description of each system type below

Signature

Date

CLEARLY STAKE ALL PROPERTY LINES, PROPERTY CORNERS AND CORNERS OF ALL PROPOSED STRUCTURES.

System Types

Conventional/Accepted

1. Graveled
 - This system consists of corrugated pipe and gravel. It requires a minimum of 36 inches of suitable or provisionally suitable soil. A conventional system may require a pump depending on the location of the house and the septic system area.
2. Gravelless Trenches
 - Large Diameter Pipe: This system consists of 8 or 10 inch corrugated tubing with a nylon/polyester blend filter wrap. It requires 28-30 inches of suitable or provisionally suitable soil.
 - Chambered Systems: These systems consist of plastic black panels that connect together in the nitrification trench. No gravel is used in this system. One must check the manufacturer requirement for specifics. This system will allow up to 25% reduction in linear footage when compared to a graveled conventional system. This system requires written authorization from respective manufacturers for approval of installers.
 - Polystyrene Aggregate: This system consists of 3 cylindrical bundles of double-e shaped expanded polystyrene in a netting material. The center bundle contains 4 inch corrugated tubing. No gravel is used in this system. One must check the manufacture requirement for specifics. This system will allow up to 25% reduction in linear footage when compared to a graveled conventional system. This system requires written authorization from respective manufacturers for approval of installers.

Modified Conventional

1. Shallow conventional
 - This system may go in shallower soil but has the same components as a conventional system. It requires a minimum of 24 inches of suitable or provisionally suitable soil. This system may require additional soil to cover the system. A pump may be required depending on the location of the house and the septic system area.
2. Prefabricated, Permeable Block Panel System
 - This system consists of concrete blocks that are specially constructed to promote downline and horizontal distribution of the sewage. This system requires a minimum 42 inches of suitable or provisional suitable soil. This system will allow up to a 50% reduction in the nitrification line. These systems require written authorization from respective manufactures.

Alternative

1. Low-Pressure Pipe Systems
 - This system is used where suitable or provisionally suitable soil depth inhibits the use of a conventional system soils. A minimum soil depth of 20 inches is required which will require additional soil cover. This system consists of a series of small diameter pipe that require a pump to pressure dose the system. A certified operator is required for this type of system.
2. Fill System
 - This system requires 18 inches of naturally occurring suitable or provisional suitable soil. The system requires suitable soil be brought in to the site and extensive site preparation be done.

Other

Experimental and Innovative systems

- **This summary does not include innovative and experimental systems. For information on the innovative systems, refer to the Innovative and Alternative Wastewater System Approvals issued by the Division of Environmental Health. Also check the web site at www.deh.enr.state.nc.us/oww/**

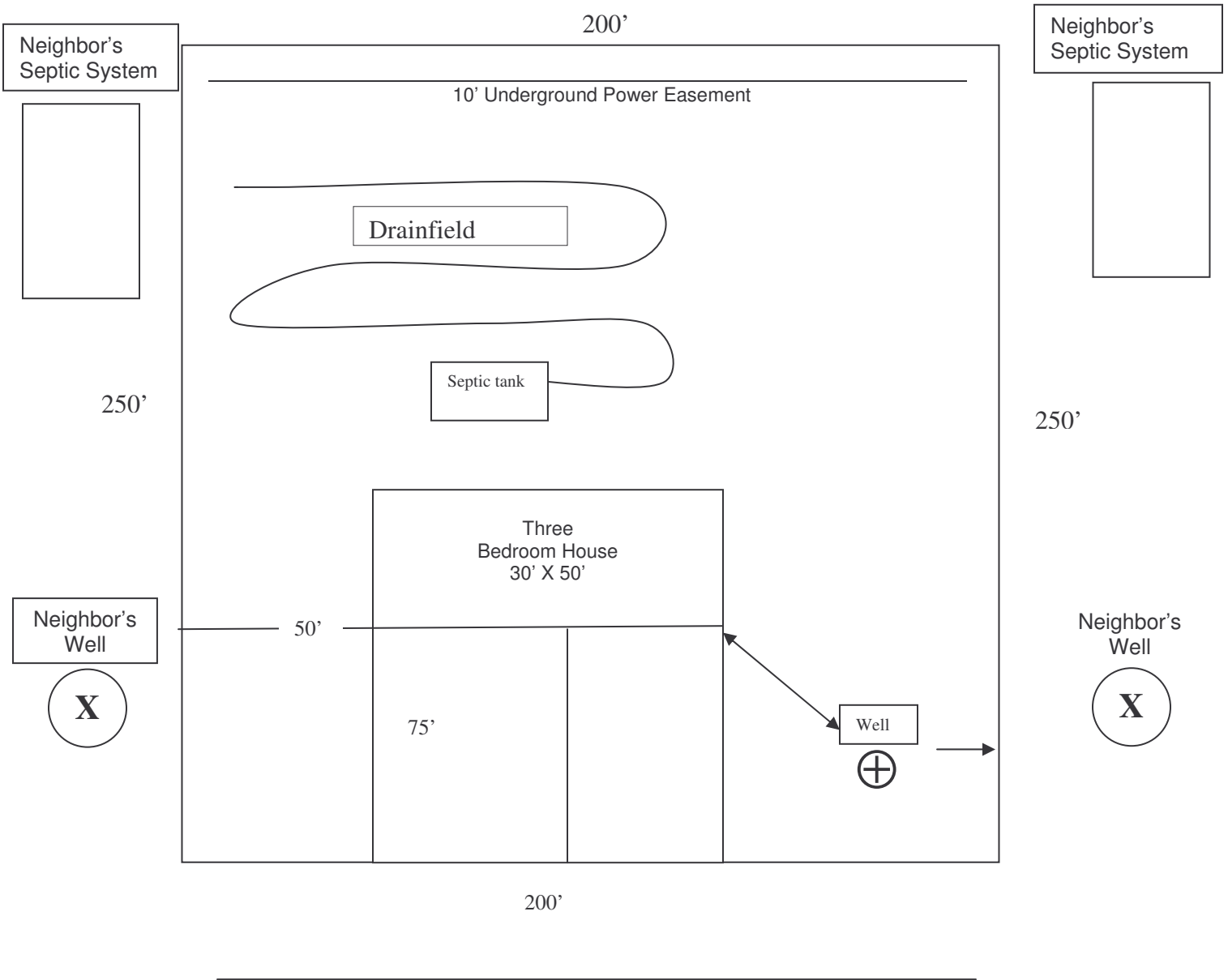
If there are questions about any of these systems, please contact your septic tank contractor or call the manufacturer of the system.

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.



Main Street

7/1/2008

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- The dimensions of the property.
 - The proposed location of the house. Show the setbacks from the road and the side property line. When showing the location of the house, be sure and give its dimensions. If you are unsure as to the house size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the house will cover.
 - N/A The area you would prefer your septic system to go in. **Circle "N/A if you don't have a preference."**
 - The preferred driveway location.
 - N/A Any future structures or improvements to the property such as garages, workshops, pools, etc. **If there are none. Circle "N/A."**
 - N/A The location of any existing septic tank and wells on your property and on your neighbor's property within 100' of your property line. **If there are none circle "N/A".**
 - N/A The location of any easements or right of way on the property. **If there are none, circle "N/A".**
 - N/A The location of any designated wetlands on the property. **If there are none, circle "N/A".**
-

USE THIS SPACE TO DRAW YOUR 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)