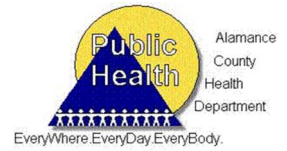




# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



<b>SERVICES REQUESTED</b>	
<input type="checkbox"/> Improvement Permit (Site Evaluation) <i>(complete pages 1-6)</i>	<input type="checkbox"/> Well Permit <i>(complete pages 1-5 &amp; page 9)</i>
<input type="checkbox"/> Construction Authorization (Improvement Permit needed prior to this) <i>(complete pages 1-6)</i>	<input type="checkbox"/> Well Repair Permit <i>(complete pages 1-5 &amp; page 9)</i>
<input type="checkbox"/> Existing Septic System Inspection (for manufactured home replacement, building additions, or plats) <i>(complete pages 1-5 &amp; page 8)</i>	<input type="checkbox"/> Well Abandonment Permit <i>(complete pages 1-5 &amp; page 9)</i>
<input type="checkbox"/> Septic System Repair Permit <i>(complete pages 1-7)</i>	<input type="checkbox"/> Well Camera Inspection <i>(complete page 1 &amp; pages 9-10)</i>
<input type="checkbox"/> Permit Revisit/Revision <i>(speak with staff)</i>	<input type="checkbox"/> Water Sample(s) <i>(complete page 1 &amp; pages 9-10)</i>

***\*Prior to Environmental Health visiting the lot – call 811 to mark all utilities***

Tax Map Number: \_\_\_\_\_ GPIN: \_\_\_\_\_

Requestee's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Directions to 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, inspections, and services 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.**

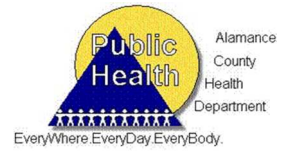
\_\_\_\_\_  
Date Owner/Agent Signature

**OWNER/AGENT IS SOLELY RESPONSIBLE FOR COMPLIANCE WITH ALL STATE AND LOCAL REGULATIONS.**

**We accept cash, checks, money orders, VISA & MasterCard. 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  
 OR  
 Email to: [EH.admin@alamance-nc.com](mailto:EH.admin@alamance-nc.com) (you may call in VISA or MasterCard information for payment to number below)  
 Phone (336) 570-6367 [www.alamance-nc.com](http://www.alamance-nc.com)

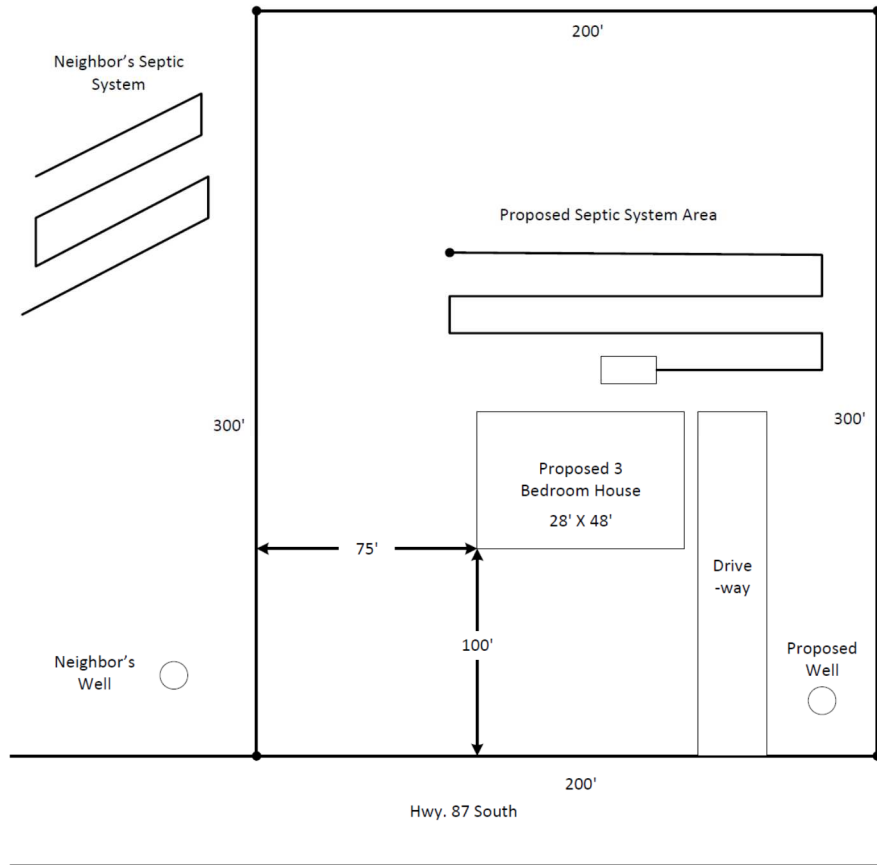


# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## SAMPLE SITE PLAN

If you have applied for an Improvement Permit, Construction Authorization, Septic System Repair, Existing Septic System Inspection, or a Well Permit, 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.



- 1) 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 tank 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.
- 2) 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 1 above.

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



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## SITE PLAN



**ALAMANCE COUNTY ENVIRONMENTAL HEALTH  
APPLICATION FOR SERVICES**



**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., Food Service 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 Driver's License or Photo ID) (Initial)**



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## 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 Alamance County 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.

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 Alamance County Health Department.

I, \_\_\_\_\_, am the legal owner(s) of the property located at \_\_\_\_\_, identified as PIN (Parcel Identification Number) \_\_\_\_\_, located in Alamance 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/permit for Improvement Permit (IP) / Construction Authorization (CA)
- Application/permit for Well Permit/Well Abandonment Permit/Well Repair Permit
- Application for Permit Revisit/Revision
- Application for Existing System Check
- Application for Water Samples
- Application for Well Camera/Thermoplastic Camera Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Alamance County Health Department, Environmental Health Section.

\_\_\_\_\_  
Signature of Owner(s)

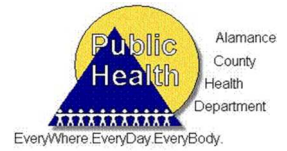
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## IMPROVEMENT PERMIT - SITE EVALUATION - CONSTRUCTION AUTHORIZATION (please check all that apply)

SERVICE	FEE	EOP
<input type="checkbox"/> Improvement Permit for Home or Business (w/5-year expiration)	\$240	\$72
<input type="checkbox"/> Improvement Permit for Home or Business (without expiration)(additional requirements needed, see page 2)	\$240	\$72
<input type="checkbox"/> Improvement Permit/Expansion of Existing Septic System	\$240	\$72
<input type="checkbox"/> Improvement Permit/Septic System Repair	\$0	\$0
<input type="checkbox"/> Construction Authorization (Type I, II, or IIIacdefg)	\$250	\$75
<input type="checkbox"/> Construction Authorization (Type IIIb)	\$485	\$145.50
<input type="checkbox"/> Construction Authorization (Type IV)	\$730	\$219
<input type="checkbox"/> Construction Authorization (Type V)	\$1250	\$375
<input type="checkbox"/> Construction Authorization (Type VI)	\$2000	\$600
<input type="checkbox"/> Permit Revisit/Revision	\$125	N/A

SUBDIVISION or MOBILE HOME PARK NAME: \_\_\_\_\_ LOT: \_\_\_\_\_

Residence:  House  Mobile Home      Number of Bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Business/Other (Please describe with as much detail as possible, e.g., days/hours of operation, type of wastewater generated, etc.):

\_\_\_\_\_

\_\_\_\_\_

*If applicable:*

Number of Employees: \_\_\_\_\_ Number of Seats: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_ Number of People: \_\_\_\_\_

**Maximum dimensions** of Residence or Building: \_\_\_\_\_

Basement:  Yes  No      Plumbing Fixtures in Basement?  Yes  No

Water Supply:  Public Water/Well  Private Well  Spring  Shared Well  Other: \_\_\_\_\_

**PLEASE CHECK IF APPLICABLE:**

- Wastewater other than sewage will be/is generated
- Property contains designated wetlands
- Site is subject to approval by other agencies
- Site contains existing wastewater systems
- Site contains existing wells, springs, or water lines
- Site contains easements or rights-of-way

**(if any of these are checked, please show on the site plan)**

**REQUESTED SEPTIC SYSTEM TYPE:**

- No Preference
- Accepted system
- Conventional system
- Innovative system
- Alternative system
- Other: \_\_\_\_\_

**(you may check only one, or you may rank in order of preference)**

***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 a permit by the Health Department in no way guarantees the issuance of any other permits.***

Before Alamance County Environmental Health can proceed on this application, 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 discernible.
- 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.

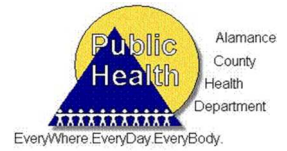
**I understand if these conditions are not met, a site revisit fee of \$70 will be charged each time this office is requested to visit the property. In addition, your application for services will be placed in chronological order based on the date the site revisit fee is received in relation to all applications received.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## SEPTIC SYSTEM REPAIR HOMEOWNER INTERVIEW FORM (for septic system repairs only)

Installer of System (if known): \_\_\_\_\_ Septic Tank Pumper (if known): \_\_\_\_\_

- Number of people who live in the house: \_\_\_\_\_
  - ❖ How many adults: \_\_\_\_\_ How many children: \_\_\_\_\_
- What is your average daily water usage? (provide water records if possible) \_\_\_\_\_
- Do you have any water leaks in your home (e.g. running toilet, dripping faucet, etc.)? \_\_\_\_\_
- Do you have a garbage disposal?  Yes  No
  - ❖ How often do you use it? \_\_\_\_\_
- When was the septic tank last pumped? \_\_\_\_\_
  - ❖ How often do you have it pumped? \_\_\_\_\_
- Do you have a dishwashing machine? \_\_\_\_\_
  - ❖ How often do you use it? \_\_\_\_\_
- Do you have a washing machine?  Yes  No
  - ❖ How often do you use it? \_\_\_\_\_
- Do you have a water softener or water treatment system?  Yes  No
  - ❖ Where does it drain? \_\_\_\_\_
- Do you use an "in the tank" bowl sanitizer?  Yes  No
- Are any household cleaning chemicals put down the drain?  Yes  No
- Are any chemicals (paint, thinners, etc.) disposed down the drain?  Yes  No
  - ❖ What kinds? \_\_\_\_\_
- Do you have an underground lawn-watering system?  Yes  No
- Has any site work been done to the house since you moved in, such as underground roof gutter drains, basement/foundation drains, landscaping, etc.?  Yes  No
  - ❖ Please explain: \_\_\_\_\_
- Are there any underground utilities on your lot?  Yes  No
 

If yes:  Power  Phone  Cable  Gas  Water
- Describe what happens when you have a problem with your septic tank system: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- When did you first notice the problem? \_\_\_\_\_
- Does the problem seem to be linked to a specific event (washing clothes, heavy rains, company coming over, etc.)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**ALAMANCE COUNTY ENVIRONMENTAL HEALTH  
APPLICATION FOR SERVICES**



**EXISTING SEPTIC SYSTEM INSPECTION**

SERVICE	FEE
<input type="checkbox"/> Existing System Check for Home Replacement	\$75
<input type="checkbox"/> Existing System Check for Building Addition (deck, storage building, swimming pool, etc.)	\$75
<input type="checkbox"/> Existing System Check for Survey Plat	\$75
<input type="checkbox"/> Existing System Check for Restoration of Electrical Service Only	\$75
<input type="checkbox"/> Existing System Check for Migrant Home	\$75

**If moving a mobile home in a mobile home park, please provide:**

Name of Mobile Home Park: \_\_\_\_\_

Lot Number: \_\_\_\_\_

**If placing/building a home on a vacant private lot served by an existing septic system, please provide:**

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

**Please provide the following information to help expedite your application:**

Name or names on septic system permit: \_\_\_\_\_

Number of bedrooms in proposed residence on the site: \_\_\_\_\_

Other (name of builder, septic system installer, location of septic system, dates of installation, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Before Alamance County Environmental Health can proceed on this application, 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 discernible.
- 3) Proposed house corners are properly staked and visible.
- 4) The area to be inspected is clear of thick vegetation, debris, etc. and is accessible.

**I understand if these conditions are not met, a site revisit fee of \$70 will be charged each time this office is requested to visit the property. In addition, your application for services will be placed in chronological order based on the date the site revisit fee is received in relation to all applications received.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***\*Prior to Environmental Health visiting the lot – call 811 to mark all utilities***





# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## WELL PERMITS - WATER SAMPLES - WELL CAMERA

SERVICE	FEE
<input type="checkbox"/> New Well Permit	\$365
<input type="checkbox"/> Replacement Well Permit (replacing an existing well on property)	\$365
<input type="checkbox"/> Well Repair Permit (with the use of the well camera)	\$250
<input type="checkbox"/> Well Repair Permit (without the use of the well camera)	\$75
<input type="checkbox"/> Thermoplastic Camera Inspection	\$120
<input type="checkbox"/> Well Abandonment Permit	\$0
<input type="checkbox"/> Permit Revisit/Revision	\$125
WATER SAMPLES (only complete the "For Water Samples Only" section below)	FEE
<input type="checkbox"/> Bacteriological Water Sample	\$40
<input type="checkbox"/> Inorganic Chemical Water Sample	\$85
<input type="checkbox"/> Nitrate/Nitrite Water Sample	\$45
<input type="checkbox"/> Full Inorganic Panel (includes bacteriological, inorganic chemical, and nitrate/nitrite)	\$110
<input type="checkbox"/> Petroleum Water Sample	\$100
<input type="checkbox"/> Pesticide Water Sample	\$100

### For Well Permits Only:

**PLEASE CHECK IF APPLICABLE:**

- Site contains surface water bodies
- Property contains designated wetlands
- Site contains above-ground or below-ground chemical or petroleum storage tanks
- Site contains existing wastewater systems
- Site contains easements or rights-of-way
- Known landfills within 500 feet, or waste storage within 100 feet of this property
- Known underground contamination on this property
- Areas on or adjacent to this property are used for industrial, municipal sludge spreading or wastewater irrigation
- Variance(s) issued for this property regarding well construction or location
- Current or pending restrictions regarding groundwater use as specified in GS 87-88(a) for this property
- Site contains existing wells, springs, or water lines

**INTENDED USE OF WELL:**

- 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
- Agriculture/Farm
- Geothermal

**For Water Samples Only:**

Type of Well:  Drilled    Bored/Hand dug  
 Spring    Public    Unsure

Sample Collection Location:  Wellhead    Sink  
 Outside spigot    Other: \_\_\_\_\_

Prefer Results Emailed:    Yes    No  
 If yes, email address: \_\_\_\_\_

**\*PLEASE SHOW ON SITE PLAN ALL POTENTIAL CONTAMINATION SOURCES**

Before Alamance County Environmental Health can proceed on this application, 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 discernible.
- 3) Proposed house corners are properly staked and visible.
- 4) The area to be inspected is clear of thick vegetation, debris, etc. and is accessible.

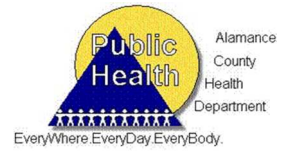
**I understand if these conditions are not met, a site revisit fee of \$70 will be charged each time this office is requested to visit the property. In addition, your application for services will be placed in chronological order based on the date the site revisit fee is received in relation to all applications received.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES



## WELL CAMERA

SERVICE	FEE
<input type="checkbox"/> New Well with Thermoplastic Casing	\$120
<input type="checkbox"/> Well Repair Permit (with the use of the well camera)	\$250

### For New Wells with Thermoplastic Casing Inspections Only:

According to "Regulations Governing Construction, Repair, and Abandonment of Wells in Alamance County, North Carolina" Section V. C. 5.a. states the following:

The well contractor shall request a downhole camera inspection by the Health Department after the pump is installed in all new wells where thermoplastic casing is used. This request shall be made on a form provided by the Health Department and shall be accompanied by the established fee for downhole camera inspections of thermoplastic casings. A well contractor shall be on site during the downhole camera inspection with the Alamance County Health Department and shall provide means to operate the pump for inspection of the casing and provide means for removal of the pump and piping if needed.

I hereby request that thermoplastic casing be used in the construction of my water well. I understand that a downhole camera inspection will be conducted prior to release of power and an additional fee of **\$120.00** will be charged for the video inspection. I also understand that there may be a delay in the downhole camera inspection up to one month after a request is made due to the availability of the downhole camera, or if the downhole camera is currently unavailable the well contractor must provide a downhole camera for the inspection.

Property Owner (Print name): \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

I hereby request a down-hole camera inspection of a well located on the property listed on this application. I can be reached at the following phone number to schedule an inspection:

Well Contractor (Print name): \_\_\_\_\_ Date: \_\_\_\_\_

Well Contractor's Signature: \_\_\_\_\_

### For Well Repair Permits With the Use of the Well Camera Only:

***\*Applicant/owner must understand that if a jet pump is being used in the well, the jet pump must be removed and a submersible pump must be installed prior to the camera inspection.***

If water quality problems are present, please describe: \_\_\_\_\_

Well contractor to be present: \_\_\_\_\_

I understand that: (1) I am responsible for obtaining a certified well contractor to break the wellhead seal and (2) The well contractor will be required to remain on site during the use of the camera to assist with draw down of the water, to remove the pump and/or pipe guards, if necessary, and to disinfect the well upon completion of the inspection and (3) It is the responsibility of the well contractor to determine what remedies are needed for any identified well problem(s) and (4) The Alamance County Health Department is not responsible for damage to the well or pump that may occur during the inspection.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date