ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR SERVICES

Received date: _____
Amount rec'd: _____
Payment type: _____
Initials: _____

SEPTIC SERVICES REQUEST	FEE
☐ Improvement Permit (Site evaluation) **Optional Private Improvement Permit Option:** ☐ G.S.130A-335(a2) option (Licensed Soil Scientist site evaluation)	$265 - $400
☐ Engineered Option Permit (Professional engineer site evaluation & septic system design) ☐ Authorized On-site Wastewater Evaluator Permit *Fee is 30% of the Improvement & Construction Authorization costs.	*
☐ Construction Authorization (Improvement Permit required prior to this)	$250 - $2000
☐ Existing Septic System Inspection	$125
☐ Septic System Repair Permit	$0
☐ Permit Revisit/Revision **(Speak with Staff)**	$35 - $125

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

Tax Map Number: _____ GPIN: _____

Applicant'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. ***

_____ _____
Owner/Agent Signature Date

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

Please submit applications to:
Mail application to: Environmental Health Section 209 N. Graham-Hopedale Road, Burlington, N.C. 27217
OR
Email to: EH.admin@alamance-nc.com (We will call for payment)
Contact us by Email or Phone (336) 570-6367 or our website www.alamance-nc.com
We accept cash, checks, money orders & credit cards. **Please make checks payable to: Alamance County Health Department**

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
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IMPROVEMENT PERMIT - CONSTRUCTION AUTHORIZATION
(Please check all that apply)

SERVICE
☐ Improvement Permit – with 5 yr. expiration
☐ Improvement Permit – without expiration (see pg 7 for non-expiring requirements)
☐ Improvement Permit/Expansion of Existing Septic System
☐ Engineered Option Permit
☐ Authorized On-Site Wastewater Evaluator Permit
☐ Septic System Repair
☐ Construction Authorization ☐ Offsite Supply Line Network (Type IV Systems)
☐ Permit Revisit/Revision (site visit needed)
☐ Permit In Office Revision (no site visit)

SUBDIVISION or MOBILE HOME PARK NAME: _____ LOT: _____

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

Basement: ☐ Yes ☐ No Plumbing Fixtures in Basement? ☐ Yes ☐ No

Water Supply: ☐ Public Water ☐ New Private Well ☐ Existing Private Well ☐ Shared Well

Maximum dimensions of building(s)_____

Business/Other (Please describe; i.e.: days/hours of operation, type of wastewater generated, etc...): _____

_____

For Business Permits:

Number of Employees: _____ Number of Seats: _____ Number of Shifts: _____ Number of People: _____

PLEASE CHECK IF APPLICABLE:

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

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

REQUESTED SEPTIC SYSTEM TYPE:

☐ Conventional
☐ Accepted system
☐ Alternative system
☐ Innovative system
☐ No Preference
☐ Other: _____

(Check only one or rank in order of preference)

NOTICE: Persons requesting site evaluations for septic 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 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 property lines and corners are properly marked on site and easily discernible.
2. Proposed structures are properly marked and visible on site.
3. The area to be evaluated is clear of thick vegetation, debris, etc. and is accessible.
4. All provided information is correct.

***** MEETING ON SITE IS NOT A SUBSTITUTE FOR MARKING THE SITE. *****

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

Installer of System (if known): _____ Septic Tank Pumper (if known): _____

- Describe the problem with your septic 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.)?
  _____
  _____
  _____
- 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 If yes, how often is it used?
  - Number of times per day: Mon____ Tue____ Wed____ Thu____ Fri____ Sat____ Sun____
- When was the septic tank pumped last? _____
  - How often do you have it pumped? _____
- Do you have a dishwashing machine? ☐ Yes ☐ No If yes, how often is it used?
  - Number of times per day: Mon____ Tue____ Wed____ Thu____ Fri____ Sat____ Sun____
- Do you have a washing machine? ☐ Yes ☐ No If yes, how often is it used?
  - Number of times per day Mon____ Tue_____ Wed____ Thu____ Fri____ Sat____ Sun____
- 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 interior/exterior site work been done to the house such as landscaping, remodeling, etc.? ☐ Yes ☐ No
  - Please explain: _____
- Are there any underground utilities on your lot? ☐ Yes ☐ No

  If yes: ☐ Power ☐ Phone ☐ Cable ☐ Gas ☐ Water

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
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EXISTING SEPTIC SYSTEM INSPECTION

SERVICE
☐ Existing System Check for Home Replacement
☐ Existing System Check for Building Addition (deck, storage building, swimming pool, etc.)
☐ Existing System Check for Survey Plat
☐ Existing System Check for Restoration of Electrical Service Only
☐ Existing System Check for Migrant Home

Water Supply: ☐ Public Water ☐ New Private Well ☐ Existing Private well ☐ Shared Well

If there is an existing septic system, and you are placing/building a home or adding a structure such as a garage, pool, etc., please provide:

Type of existing or previous structure: ☐ House ☐ Mobile Home ☐ Modular ☐ Business

Number of existing bedrooms for this site if applicable: _____

Type of proposed structure: ☐ House ☐ Mobile Home ☐ Modular ☐ Business

Number of proposed bedrooms on this site: _____

Number of occupants: _____

Dimensions of proposed improvement: _____

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:_____

Other (name of builder, septic system installer, location of septic system, dates of installation, etc.) _____

_____

_____

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

Name of Mobile Home Park _____

Lot Number _____

Other: _____

Before Alamance County Environmental Health can proceed on this application, the following conditions must be met:

1) All property lines and corners are properly marked and easily discernible.
2) Proposed improvement (home, deck, pool, shop, or other structure) are properly marked and visible.
3) 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

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

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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)

FOR OFFICE USE ONLY

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
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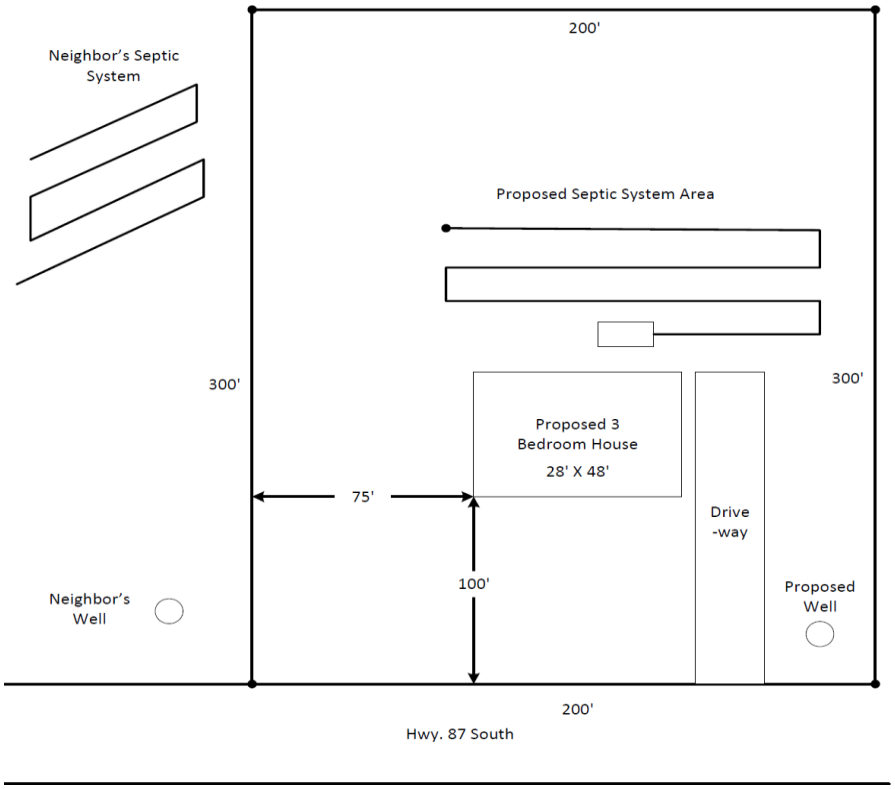
SAMPLE SITE PLAN

If applying for an Improvement Permit, Construction Authorization, Septic System Repair, Existing Septic System Inspection, or a Well Permit, you will be asked to provide a "Site Plan." See the sample below.



1) 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 structure(s) and its dimensions. Include setbacks from the road and the side property line. If the structure size is unknown, please show the MAXIMUM dimensions you anticipate the structure will cover.
- ☐ The preferred driveway location.
- ☐ Other or future improvements to the property such as a garage, workshop, pool, etc.
- ☐ The location of existing septic systems and wells on property and neighboring properties within 100' of property line.
- ☐ The location of any easement or rights of way on the property.
- ☐ The location of any designated wetlands on the property.

2) To obtain a **non-expiring** Improvement Permit you must show either:
A) A survey plat of your lot prepared by a Registered Land Surveyor where a scale of one inch equals no more than sixty feet and shows:
- ☐ The dimensions of the property.
- ☐ The specific location of structure(s) 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 (336-570-6565); a copy of the recorded plat along with a site plan that is drawn to scale, containing all the information requested in number 1 above.

SITE PLAN

See Alamance County GIS Website