

Toe River Health District - Environmental Health Section

Instructions for Completing Improvement/Authorization to Construct Septic System and Well Permit Application

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items listed below be completed prior to the site visit. By completing these items in advance it reduces the time on site and the need for return visits.

****NOTE: IF THESE ITEMS ARE NOT COMPLETED AND A SITE VISIT IS MADE, A REVISIT FEE OF \$100.00 WILL BE ASSESSED.**

- 1. I have completed the "Application for a Well Permit" and/or an "Application for Improvement/Authorization to Construct."
- 2. I have completed the Site Plan Worksheet showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible.
- 3. A survey or GIS tax map with boundaries is required.
- 4. I have marked all property corners and boundaries.
NC Statute 15A NCAC 18A.1937(d): The applicant shall identify property lines and fixed reference points in the field.

****NOTE: All property corners, lines and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.**

- 5. I have staked all proposed structures in their exact location on the site, including driveway.
- 6. I have located all wells, springs and surface waters on the property.
- 7. I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
- 8. I understand that no grading shall be performed before issuance of permit.
- 9. I understand that if above items are not completed, and a site visit is made, I WILL BE ASSESSED A \$100.00 REVISIT FEE.

PLEASE COMPLETE THE ABOVE ITEMS BEFORE CALLING TO SCHEDULE A MEETING ON THE SITE WITH OUR ENVIRONMENTAL HEALTH SPECIALIST.

If you have questions, please feel free to call between the hours of 8:00 a.m. and 9:00 a.m. Monday - Friday.

Avery County	828-737-6054
Mitchell County	828-688-1214
Yancey County	828-682-1929

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation prior to scheduling an appointment.

Signature

Date

PIN # _____

Receipt / Permit # _____

**Toe River Health District - Environmental Health Section
Application for Septic Improvement Permit and/or Authorization to Construct**

Improvement Permit

Authorization to Construct

If the information provided in this application is falsified, changed or the site is altered, then this Improvement Permit and Authorization to Construct Application becomes invalid. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete Site Plan = 60 months; complete plat = without expiration.)

Applicant Information:

Applicant _____ Address _____ Home & Work Phone _____

Owner _____ Address _____ Home & Work Phone _____

Property Information: Date originally deeded and recorded: _____

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____

Development and/or Residential Information and Specifications:

(Please read carefully & provide complete, accurate information.)

New Single Family Residence
Maximum number of bedrooms: _____ Will there be a basement? Yes No
Square footage of residence: _____ Plumbing fixtures in basement? Yes No
Maximum number of occupants: _____

Expansion of Existing System:
If expansion, current number of bedrooms: _____ Total number of bedrooms with expansion: _____

Addition to Structure Requiring Building Permit: Total number of bedrooms: _____

Repair to Malfunctioning Sewage Disposal System: Number of bedrooms: _____

Verification of Existing Septic System: Total number of bedrooms: _____

Non-Residential Type of Structure

Type of business: _____ Maximum number of employees: _____

Total square footage of the building: _____ Maximum number of seats: _____

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

Are there any existing wells, springs or water lines on this property? Yes No

If applying for Authorization to Construct, please indicate desired system type(s). Systems can be ranked in order of your preference.

Any Accepted Alternative Conventional Innovative Other _____

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?
- Yes No Is the site subject to approval by any other public agency?
- Yes No Are there any easements or right of ways on this property?
- Yes No Has any grading, removal or addition of soil been done to this property? (Please describe on back.)

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.

Signature of Property Owner or Owner's legal representative** (required) _____ Date _____

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

Cash Check Credit Card Amount \$ _____ Date: _____ Staff: _____

Toe River Health District - Environmental Health Section Site Plan Worksheet

Please check (✓) each item that has been indicated on your site plan.
Incomplete plans will be returned to you for completion.

Your property will not be scheduled for an evaluation until we have received a completed application, site plan, all proposed items are marked on the property and payment of application fee.

- The dimensions of the property.
- The proposed location of all structures (e.g. facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side of the property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- The site you would prefer your septic system to go in.
- The preferred driveway location.
- The proposed well location.
- A north arrow or other sufficient directional indicator.
- Any proposed 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 the adjoining property within 100 feet of your property line.
- The location of any easements or rights of way on the property.
- The location of any designated wetlands on the property.

If you have questions, please feel free to call between 8:00 a.m. and 9:00 a.m. Monday - Friday.

Avery County	828-737-6054
Mitchell County	828-688-1214
Yancey County	828-682-1929

You can obtain a "site map" and/or PIN# by going to the Yancey/Mitchell/Avery County Mapping Office. You can also print a site map and get your PIN# from the GIS website for your county.

USE THE SPACE BELOW OR A SEPARATE PIECE OF PAPER TO DRAW YOUR SITE PLAN.

Health Department Use Only:

- Survey plat to scale* submitted Scaled* site plan submitted Unscaled site plan submitted

* scale of 1" = no more than 60'

Toe River Health District
Environmental Health Section

Well and/or Septic Sample Site Plan

Providing complete and accurate information on your site plan is critical and will assist us in efficiently evaluating your site.

This example was prepared to assist you in drawing your own site plan.

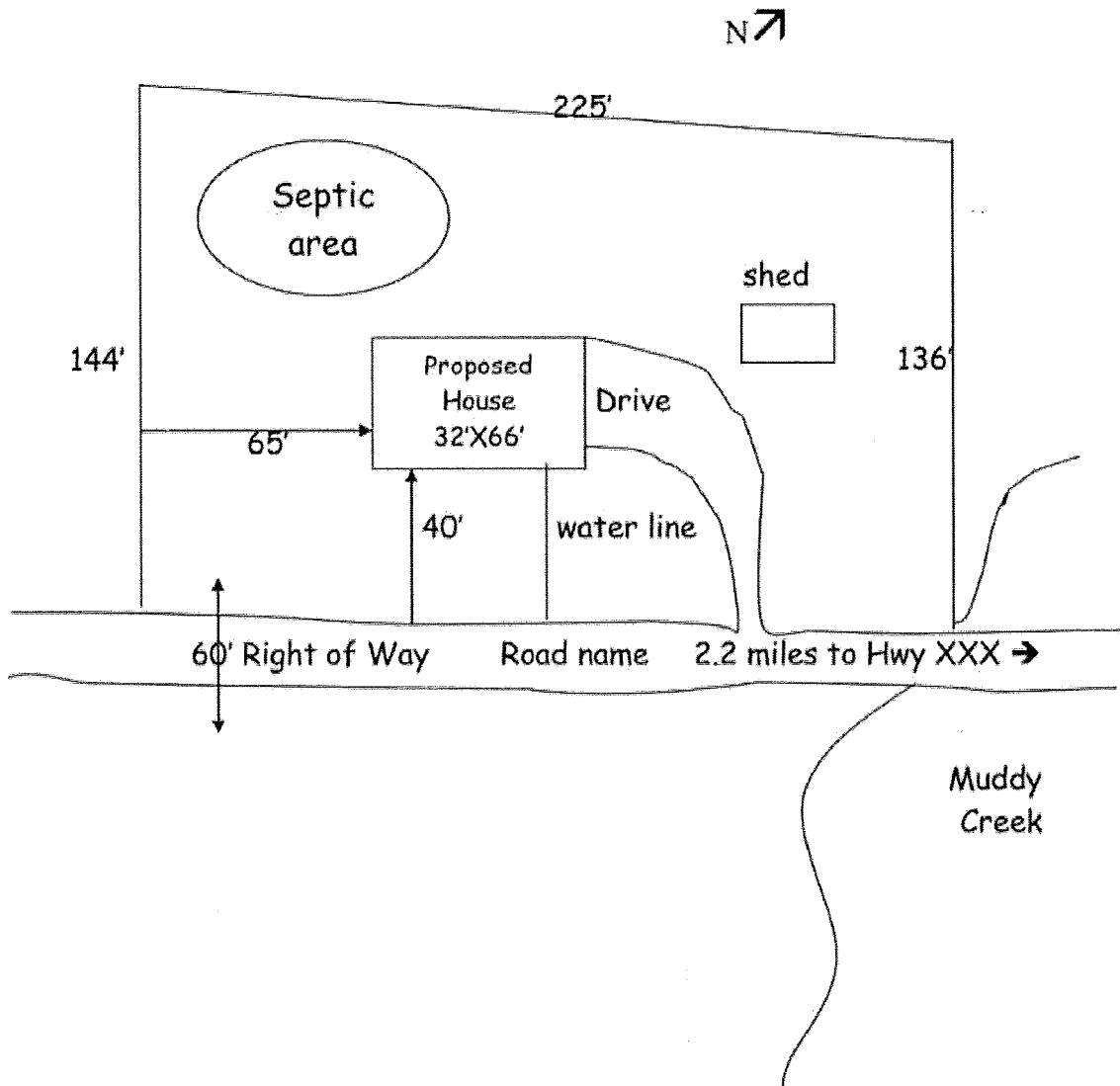
Without your site plan we cannot perform the site evaluation.

If you have any questions, please contact your local health department:

Avery County
828.737.6054

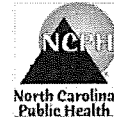
Mitchell County
828.688.1214

Yancey County
828.682.1929





TOE RIVER HEALTH DISTRICT
Avery, Mitchell, & Yancey County
Health Departments



Environmental Health Section
Property Owner Consent Form

I, _____ am the legal owner(s) of the property located at
Owner(s) Name - Please Print

_____, identified as Parcel Identification Number (PIN)

located in the county of (check the county): Avery Mitchell Yancey

I do hereby authorize _____
Legal Representative - Please Print

to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) Authorization to Construct (AC) for septic permit
- Improvement Permit (IP) /Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Environmental Health.

I can be contacted at (phone number): _____ by the Health Department Environmental Health Services staff prior to a scheduled appointment with my agent.

Owner Signature _____
Date

Applications for permits require the "signature of the owner or the owner's legal representative" (15A NCAC 18A.1937). If the owner does not sign the application, they can submit any of the following documents to designate their legal representative:

- Power of Attorney
- Real Estate Contract
- Estate Executor
- Bankruptcy Trustee
- Court Ordered Guardianship

