



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

IMPROVEMENT PERMIT - CONSTRUCTION AUTHORIZATION - REPAIR

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 (length x width) of building(s): _____

Business/Other

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

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

PLEASE CHECK IF APPLICABLE:

- ☐ 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
- ☐ Underground utilities on property?

(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.

I understand if these conditions are not met, a site revisit fee of \$95 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.

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. *****

Signature

Date



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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
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)

FOR OFFICE USE ONLY

ID _____
(NC Driver's License or Photo ID)

Verified By _____
(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

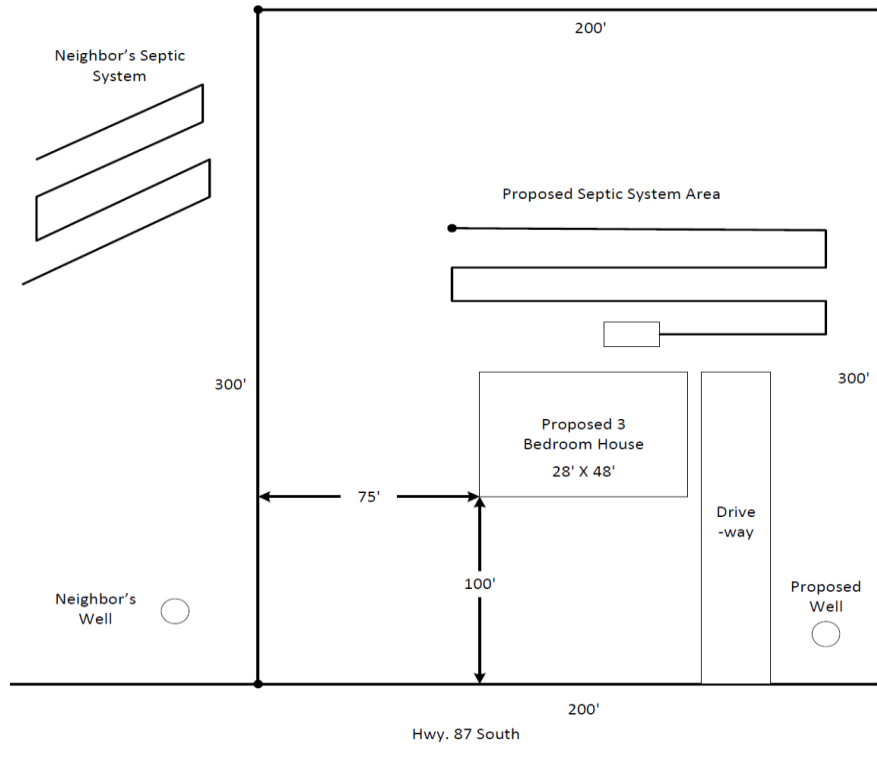
Date



ALAMANCE COUNTY ENVIRONMENTAL HEALTH APPLICATION FOR SERVICES

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.



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SITE PLAN

See Alamance County GIS Website

**OWNER REQUEST***for***BEST PROFESSIONAL JUDGMENT***for the repair of*
**WASTEWATER TREATMENT AND DISPERSAL SYSTEMS
IN ACCORDANCE WITH 15A NCAC 18E .1306**

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

**This page to be completed by owner of property or owner's legal representative*

DATE: _____, 20____

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____

Physical Address (if different than mailing address): _____

City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X _____, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

**This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*