

**Forsyth County Department of Public Health
 Division of Environmental Health
 SERVICE INVOICE
 Onsite Water and Wastewater**

DATE OF APPLICATION _____

APPLICANT NAME _____

TELEPHONE NUMBER _____

OWNER NAME _____

SITE ADDRESS _____

TAX BLOCK _____ TAX LOT _____ PIN NUMBER _____

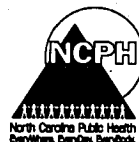
| <u>APPLICATION FOR:</u> | <u>CODE</u> | <u>FEE</u> | <u>COST</u> |
|--|-------------|------------|-----------------|
| SOIL SITE APPLICATIONS/REVISIT/REDRAW | | | |
| (SSA) SOIL SITE APPLICATION: Any 3,4,5, or 6 bedroom house _____ LOTS @ _____/LOT | 1105 | \$ 170 | _____ |
| (SSI) 480-1500 GPD (business or church) | 1105 | \$ 360 | _____ |
| (SS2) 1500-3000 GPD | 1105 | \$ 545 | _____ |
| (SS3) >3000 GPD | 1105 | \$ 1922 | _____ |
| (REV) Revisit | 1105 | \$ 47 | _____ |
| (RED) Redraw | 335 | \$ 31 | _____ |
| SEPTIC TANK SYSTEMS | | | |
| (LPP) LPP SYSTEM | 310 | \$ 267 | _____ |
| (TPN) T&J Panel New | 310 | \$ 257 | _____ |
| (CGN) Conventional or Alternative, Gravity, New | 310 | \$ 195 | _____ |
| (CGR) Conv. or Alternative, Gravity, T&J Panel Repair | 310 | \$ 170 | <u>\$170.00</u> |
| (PMP) Any pump installation (new Installation only) | 310 | \$ 52 | _____ |
| EXISTING SEPTIC TANK SYSTEMS | | | |
| (MHP) Mobile Home Connection in Existing Park | 1107 | \$ 98 | _____ |
| (HDR) Health Department Release | 1107 | \$ 47 | _____ |
| WELLS | | | |
| (NWC) Water Supply Well Not for Human Consumption Construction Permit | 336 | \$ 298 | _____ |
| (DWC) Drinking Water Well Construction Permit | 336 | \$ 360 | _____ |
| (WAB) Well Abandonment | 336 | \$ 129 | _____ |
| (WSB) Water Sample, Bacteria | 1106 | \$ 37 | _____ |
| (WSF) Water Sample Fluoride | 1106 | \$ 39 | _____ |
| (WSI) Water Sample Inorganic | 1106 | \$ 74 | _____ |
| (WSN) Water Sample Nitrate/Nitrite | 1106 | \$ 39 | _____ |
| (WSP) Water Sample Pesticide | 1106 | \$ 88 | _____ |
| (WSL) Water Sample Petroleum | 1106 | \$ 88 | _____ |
| (WSO) Water Sample Organic (VOA) | 1106 | \$ 88 | _____ |
| (WSU) Water Sample Uranium (plus 3 metals) | 1106 | \$ 75 | _____ |
| (WIB) Water Sample Iron Reducing Bacteria | 1106 | \$ 63 | _____ |
| (WSR) Water Sample Sulfate Reducing Bacteria | 1106 | \$ 70 | _____ |
| (WIN) Water Supply Inorganic and Nitrate | 1106 | \$ 79 | _____ |
| TOTAL ENCLOSED: | | | \$ _____ |

You may hand deliver the application and fee between the hours of 7:00 a.m. and 4:45 p.m.
 to: Forsyth County Department of Public Health - Environmental Health Division
 799 Highland Ave. Winston Salem, NC 27101 Telephone: (336) 703-3225 Fax: (336) 727-2183

or mail to: Forsyth County Department of Public Health - Attn: Environmental Health Division
 P. O. Box 686 Winston Salem, NC 27102-0686

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK OR MONEY ORDER - THERE IS A \$25.00 RETURNED CHECK FEE

Application for Authorization for Wastewater System Construction (Repair)



IF THE INFORMATION IN THE APPLICATION FOR AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BECOME INVALID.

APPLICANT INFORMATION

Applicant/Owner _____ Mailing Address - Street Address, City, State, Zip _____ Home & Work Phone _____

PROPERTY INFORMATION

Type Structure (single family, multi-family, mobile home, church, business) and Year Built _____

Site Address _____ Subdivision Name _____ Tax Block _____ Tax Lot _____ Pin Number _____

Directions to Site: _____

UNDERGROUND UTILITIES LOCATION

You **must** call the NC One Call Center, 811 or 1-800-632-4949, to locate underground utilities **prior** to our on-site investigation. There is no charge for this service. The NC One Call Center will issue you a reference/ticket number and a date that they will visit to mark the underground lines.

REFERENCE/TICKET NUMBER: _____ VISIT DATE: _____

INFORMATION NECESSARY TO DESIGN REPAIR SYSTEM

Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____

Water Supply: WELL PUBLIC COMMUNITY WELL

Business or Church Specifications: # of Employees _____ Total Square Footage of Building _____
 Type of Business: _____ # of Seats: _____ Other: _____

- **Signed Application**
- **Questionnaire**
- **Site Plan (see example) include any buildings, driveways, septic areas and wells.**
- **Mark your Property Corners (a re-visit fee of \$47.00 will be charged in not marked.)**

The applicant shall notify the local health department upon submittal of this Application if any of the following apply to the property in question: (1) If the site is located in any designated wetlands. (2) If the site is subject to approval by any other public agency. (3) If any wastewater is going to be generated on the site other than domestic sewage. YES or NO

If yes please explain: _____

I have thoroughly read and completed 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. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. **I understand that I am solely responsible for the proper identification and labeling of all property lines and corners, underground utility lines, and making the site accessible so that a repair investigation can be performed.**

Property Owner's or Owner's Legal Representative Signature Required _____

Date _____

HOMEOWNER QUESTIONNAIRE FOR REPAIR OF SEPTIC TANK SYSTEM

Repairing your septic tank system is expensive and places a lot of burden on the homeowner in terms of landscaping and other problems associated with the repair. In order that we may better serve you in designing a repair for your failing septic tank system, it is necessary that you complete all the information listed below and return with your Application for a repair to your system.

NAME _____
ADDRESS _____

DATE _____
PHONE _____

Dates your septic tank system was installed and/or repaired _____

Contractor who originally installed the septic tank system (if known): _____

Contractor who usually pumps your septic tank system (if known): _____

1. Number of people who live in the house: Adults _____ Children _____

2. What is your average daily water usage? _____

A. If Winston-Salem Public Water Supply, call 727-8000. Results will be given in cubic feet of water used.

B. If community public water supply, call your billing agent.

C. If you are on a well, it may not be possible to get this information, however, if you have a failing septic tank system, it might benefit you to install a water meter on your well water supply.

3. Do you have a garbage disposal? Yes _____ No _____
If yes, how often do you use it? _____

4. When was the septic tank last pumped? _____
How often do you have it pumped? _____

5. Do you have a dishwashing machine? Yes _____ No _____
How often do you use it? _____

6. Do you have a water softener or water treatment system? Yes _____ No _____
Where does it drain? _____

7. Do you use an "in the tank" toilet bowl sanitizer? Yes _____ No _____

8. Are any household chemicals put down the drain? Yes _____ No _____
If yes, what kinds? _____

9. Are any chemicals (paints, thinners, etc.) put down the drain? Yes _____ No _____
If yes, what kinds? _____

10. Household plumbing. List numbers of:

A. Types of plumbing fixtures added since the septic tank system has been installed.

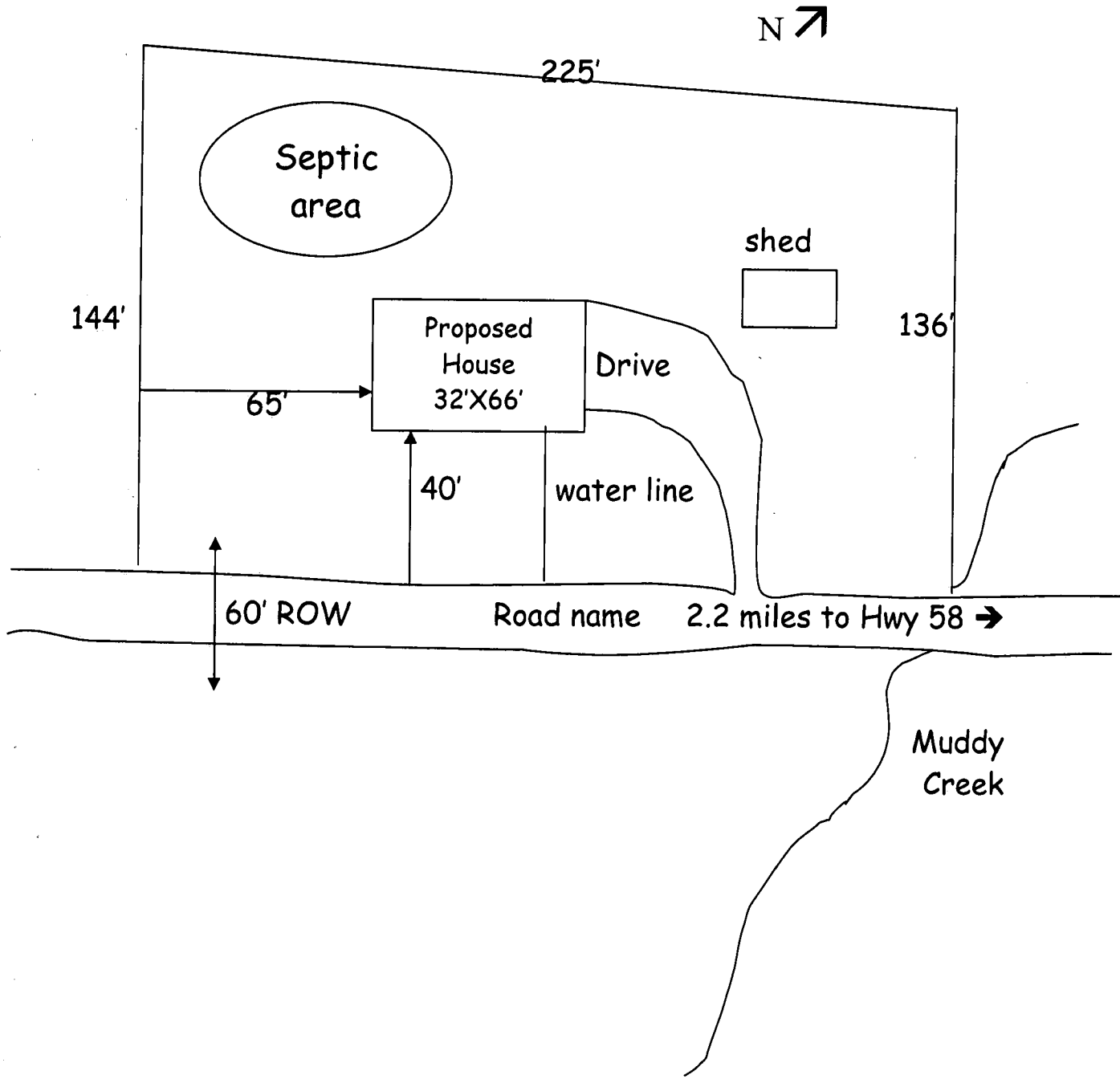
B. Number of bath/shower _____ Number of Toilets _____

C. Spa/whirlpools _____

Questionnaire continues on back of sheet

Example Site Plan

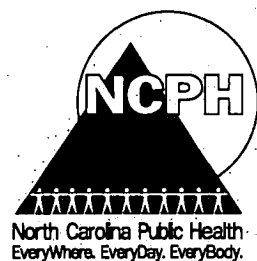
This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 703-3225



Forsyth County Department of Public Health

Marlon B. Hunter, BSEH, MAOM
Public Health Director

Robert E. Whitwam
Director, Environmental Health



AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, _____, am the legal owner of the property located
at _____, identified as lot(s) _____,
Block _____, PIN(Parcel Identification Number) _____, located in Forsyth County, North
Carolina.

I do hereby authorize (print authorized agent/company name) _____,
_____, _____,
_____, to act as an agent on my behalf in applying for/signing/obtaining any of the
documents described below.

1. improvement permit (IP)/construction authorization (CA).
2. application for soil-site evaluation (new/repair).
3. application/permit for water well/well abandonment.
4. application for health department release.
5. application for improvement permit (IP)/construction authorization (CA).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Forsyth County Environmental Health Division, Forsyth County Department of Public Health. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner

Date

Signature of Witness

Date

Minimum Separation Distances from Septic Systems

The below listed minimum separation distances as stipulated in North Carolina General Statutes 130A-335 (e), (f), are the **most commonly used** in planning for a home or small business. If there are specific questions or unusual situations on your proposed or existing building lot, check with the health department for specific circumstances.

| | |
|---------------------------------|----------|
| Any private water supply source | 100 feet |
| Any public water supply source | 100 feet |
| Any lake or pond | 50 feet |
| Any building foundation | 5 feet |
| Any basement | 15 feet |
| Any property line | 10 feet |
| Any swimming pool | 15 feet |