

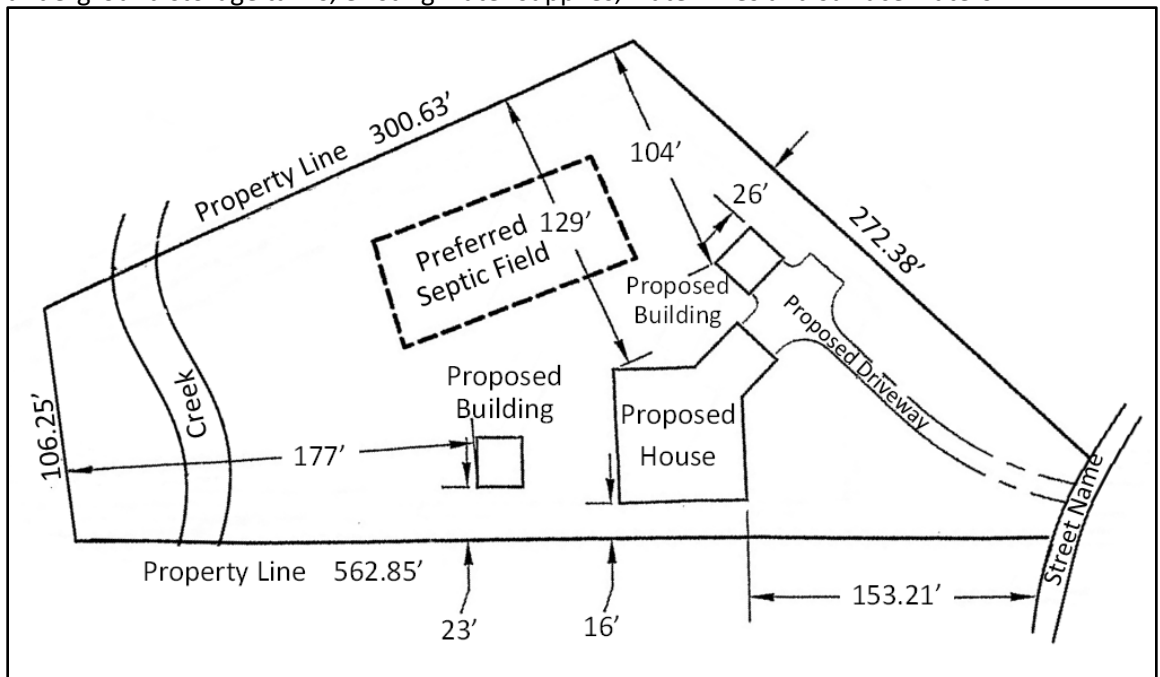
Applicant Instructions for Septic System Approval Process

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

**** Please be advised that a revisit fee of \$75.00 may be assessed if site visit is made and items are not completed.**

1. I have completed the "Application for Improvement Permit/Construction Authorization".
2. I have provided a survey plat or site plan of the property (with dimensions). This plat or site plan **MUST** include property lines with dimensions, the location of the proposed residence, addition/expansion to existing or commercial facility, any appurtenances (for example: detached garage, driveway, storage building(s), barn, swimming pool, pond or special landscaping features), preferred site for wastewater disposal system and any burial sites, underground storage tanks, existing water supplies, water lines and surface waters.

Example Site Plan
 Minimum Site Plan Size
 8 ½ by 11 inches



3. I have marked all property corners and boundaries.
4. I have located all wells, springs, and surface waters on the property or within 50 feet of the property. I have staked all proposed structures in their exact location on the site, including driveway.
5. I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
6. I understand that no grading shall be performed before issuance of permit.
7. I understand that if above items are not completed, and a site visit is made, **I may be assessed a re-visit fee and delays will occur.**

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation, prior to the evaluation being conducted.

Signature _____

Date _____

Application Fees: Maximum lot size 5 acres: \$300.00 (Residential) \$450.00 (Commercial)



Environmental Health

500 N. Main Street
Suite #47
Monroe, NC 28112

T. 704.283.3553
unioncountyeh@unioncountync.gov
www.unioncountync.gov

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 agent for the owner. This form also allows the specified individuals to sign or receive any application/document/permit on behalf of the owner and 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 and all permit conditions stated on permits issued by this Division are followed.

I, _____, am the legal owner of the property located at _____ (address, subdivision and lot #). The tax parcel identification number(s) is _____, located in Union County, North Carolina.

I do hereby authorize _____ (print agent and company name, if applicable), to act as an agent on my behalf in applying for/signing/obtaining any of the documents associated with Union County Environmental Health services.

Signature of Owner

Date

Signature of Authorized Agent

Date





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Application Type:

- Improvement Permit (to identify area for septic system)
- Construction Authorization (ready to build/install septic system)
- Both Improvement Permit and Construction Authorization
- Repair of Septic System (no application fee)
- Existing Septic System Expansion
- Relocation or Replacement of Septic Tank or Pump Tank (no application fee)

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

The permit is valid for either 60 months or without expiration with required documentation submitted.

Applicant Name: _____	Property Owner: _____
Mailing Address: _____	Address: _____
Phone: (h) _____, (w) _____	Phone: (h) _____, (w) _____
Email: _____	Email: _____

Property Information: Tax Code: _____ Date originally deeded & recorded: _____

Street/Road Name: _____ Total Acreage: _____ Acreage to be evaluated: _____

Subdivision Name: _____ Section/Phase: _____ Lot #: _____

Directions: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on property? Yes No

New Well Existing Well Community Well Public Water Spring

Development Information:

New Single Family Residence Non Residential or Commercial Type of Structure

Expansion of Existing On-site Wastewater System Repair of Existing On-Site Waste Water System

Residential Specifications:

Maximum number of bedrooms: _____ Maximum number of Occupants: _____

Will there be a basement? Yes No Will there be plumbing fixtures in the basement? Yes No

If Expansion: Current number of bedrooms: _____ Number of bedrooms to be added: _____ Total number of bedrooms: _____

Non-Residential/Commercial Specifications: *If the facility will generate any wastewater other than domestic sewage please attach a description of the process(es) used and the characteristics of the wastewater. Additional information may be requested.*

Type of Business: (Fill out all applicable types i.e. – Church with Child Care and School)

Office Number of employees: _____ Description of Operation: _____

Retail Number of employees: _____ Retail Space _____ ft²

Warehouse Number of employees: _____ Description of Operation: _____

Industrial Number of employees: _____ Description of Operation: _____

Food Service Number of employees: _____ Number of seats: _____
 Area of dining room: _____ ft² Area of Kitchen: _____ ft²

Church Seating Capacity of Sanctuary: _____ Fellowship Hall: Yes No Kitchen facility: Yes No

Child Care Number of Employees: _____ Number of Children: _____

School Number of Employees (staff and teachers): _____ Number of Students: _____
 Cafeteria: Yes No Gym and Showers: Yes No Boarding School: Yes No



Request for Repair:

Age of septic system: _____ Septic system located: _____

Type of Problem: Sewage backing up into facility Sewage on the ground Frequent pumping of septic tank

Other (explain): _____

1. Number of people who live in the house: Adults _____ Children _____
2. How often do you use the garbage disposal on your sink? _____
3. When was the septic tank last pumped? _____ How often do you have it pumped? _____
4. How often do you wash clothes? Every day (# of loads) _____ All in one day (# of loads) _____
5. Do you have a water softener or water treatment system? Yes No Where does it drain? _____
6. Do you use an "in the tank" bowl sanitizer? Yes No
7. Are any household cleaning or chemicals (paint, thinners, etc.) disposed down the drain? Yes No
Type: _____
8. Have any new water using fixtures been added since the system was installed? Yes No
Type? _____
9. Do you have an underground irrigation system? Yes No
10. Has any site work been done since you moved in? (Landscaping, gutter or foundation drains, etc.) Yes No
Explain: _____
11. List underground utilities: Power Yes No Cable Yes No Phone Yes No
Gas Yes No Water Yes No
12. Describe what happens when you have a problem with your septic tank system. _____

13. When did you first notice the problem? _____
14. Does the problem seem to be linked to a specific event (washing clothes, heavy rains, company coming over, etc.)?

Terms & Conditions:

Important: This application must be accompanied by a plat or site plan of the property that includes the existing and proposed property lines with dimensions, the specific location of the proposed facility, appurtenances with dimensions, tied into two property lines by measurement, the preferred site for the proposed wastewater system, and the location of any existing water supplies, water lines, and any surface waters.

The Applicant shall notify Union County Environmental Health 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.

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the site contain any jurisdictional wetlands? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the site contain any existing wastewater systems? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is any wastewater going to be generated on the site other than domestic sewage? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the site subject to approval by any other public agency? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there any easements or right of ways on this property? |

The site evaluation is performed based on the information contained in this application. Any changes to the site or soil conditions, the property lines, the proposed use, the proposed design waste flow or characteristics shall be cause to revoke the Improvement Permit.

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.*

Property owner or Legal Representative signature (required)

Date