# Union County Government

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

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

## Compliance Inspection Report Existing Well and Septic System

Authorization

A \$75.00 fee must be paid prior to inspection being scheduled

This inspection is valid for a period of 12 months with NO CHANGES to the plan of work.

Owner Information:	Site Information:
Name:	Parcel ID/Tax Code:
Address:	Address:
1	Subdivision:
Phone:	Lot #:
Email:	_
Agent/Applicant Name*:	Owner at time of construction:
*Provide authorization to act as owner.	
Address:	Year built:
	Description of house:
Contact Phone:	
Email:	
Directions to Property from Monroe:	
Reason for Inspection:	ette, etc.) 🗆 Deck 🗆 Attached Garage 🗆 Detached Garage
Pool/Associated Structures (i.e. Pool House, Decking, Kitchene	
□ Irrigation System (Provide layout of proposed irrigation lines)	
Other (Please Describe)	
Will there be living quarters? Yes / No Explain:	
Will there be plumbing? Yes / No Explain:	
Addition: Type of Addition:	
House Replacement	
□ Change of Use: Zoning Approval Required For Change of Use	
Current Use:	Proposed Use:
Residence- # of bedroom(s):	Residence- # of bedroom(s):
# of Occupants:	# of Occupants:
Business – type:	Business – type:
# of Employees:	# of Employees:
Other:	Other:
Are there any dogs or fences prohibiting access to property or se	
If yes, arrangements will need to be made for access to system a	area.
Remarks:	×

#### Provide a site plan indication the locations of the existing and proposed facilities, existing wastewater systems and repair areas (tank and drain field), existing water supplies, easements and all appurtenances. (Pool, sheds, etc.)

Inspection of a septic system involves probing with a steel probe, and possibly auguring holes. We cannot conduct an inspection until the property owner locates all utilities, including water lines, on the property. If utilities cannot be located, any damages or repairs shall be the responsibility of the property owner. By signing this request, I agree the information submitted is true and give Union County Environmental Health permission to access my property for the above stated inspection.

### Proposed construction must be marked on-site prior to inspection.

Owner/Agent Signature: \_\_\_\_\_

Date:



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## 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.

l,	, 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.

By signing the authorization, you acknowledge that any falsification of information will void all permits and/or documents associated with this form.

Signature of Owner

Date

Signature of Authorized Agent

Date



Authorization to Act as Agent for Owner 2-2019