

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

## **Applicant Instructions for Septic System Approval Process**

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

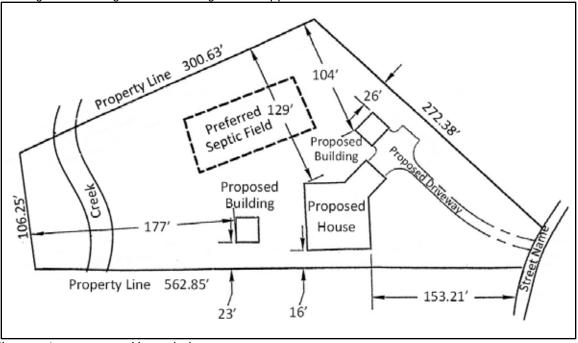
In order to make the best use of your time and to assist the staff in completing applications quickly we ask that the items provided below be completed prior to visit. By completing these items it reduces the time on site and the need for return visits. We appreciate your cooperation.

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

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١.	I have completed t	the "Application foi	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.		have	marke	d all	pro	pert	y cori	ners	and	bound	laries.
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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.

- I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
- I understand that no grading shall be performed before issuance of permit.
- 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

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

\$450.00 (Commercial)

Please note that a separate fee for the Construction Authorization (CA) permit will be required at time of issuance. The fee will be based on system type.





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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.

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 Environmental Health services.	for/signing/obtaining any of the documents associated with Union County		
By signing the authorization, you acknowled documents associated with this form.	dge that any falsification of information will void all permits and/or		
Signature of Owner	 Date		
Signature of Authorized Agent			





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Application Type:  Improvement Permit (IP) (to identify area for septic system)	☐ Both IP and CA
Construction Authorization (CA) (ready to build/install)	Repair of Septic System (no application fee) See Page 2
Relocation/Replacement of Septic or Pump Tank (no application	
The IP permit is valid for either 60 months or without expiration	· — • • · · ·
(Complete site plan=60 months; Complete survey plat = without e	
Applicant Information: Applicant Name:	Property Owner:
Mailing Address:	Address:
Ivialing Address.	Address.
Phone: (h), (w)	Phone: (h), (w)
Email:	Email:
Property Information: Tay Code:	Date originally deeded & recorded:
	Total Acreage: Acreage to be evaluated:
Subdivision Name:	-
Directions:	
Water Supply: New Well Existing Well 0	Community Well  Public Water  Spring
water suppry. I new wen I existing wen I c	Community even Prublic evater Spring
Development         ☐ New Single Family Residence           Information:         ☐ Non Residential or Commercial Type of States	Expansion of Existing On-site Wastewater System Tructure Repair of Existing On-Site Waste Water System
	Maximum number of Occupants: Will there be plumbing fixtures in the basement?  Yes  No per of bedrooms to be added: Total number of bedrooms:
Please Indicate Desired System Type(s): Refer to Improvement Per Any: Conventional: Accepted: Alte	ermit: (Systems may be ranked in order of your preference) rnative:
property in question. If the answer to any question is "yes", appli	wetlands? ewater systems? ed on the site other than domestic sewage? ther public agency? eys on this property?  RMIT IS FALSFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE SECOME INVALID.  ded herein is true, complete and correct. Authorized county and eections to determine compliance with applicable laws and rules. I and labeling of all property lines and corners and making the site accessible
Property owner or Legal Representative signature (required)	<mark>Date</mark>

Non-Residential/Commercial Specifications: If the facility will generate any wastewater other than domestic sewage please attach
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 ft <sup>2</sup>
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:ft <sup>2</sup> Area of Kitchen:ft <sup>2</sup>
☐ 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):
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.)?

Property owner or Legal Representative Signature is required, please sign page one of application.

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

**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, proposed well and the location of any existing water supplies, water lines, and any surface waters.