

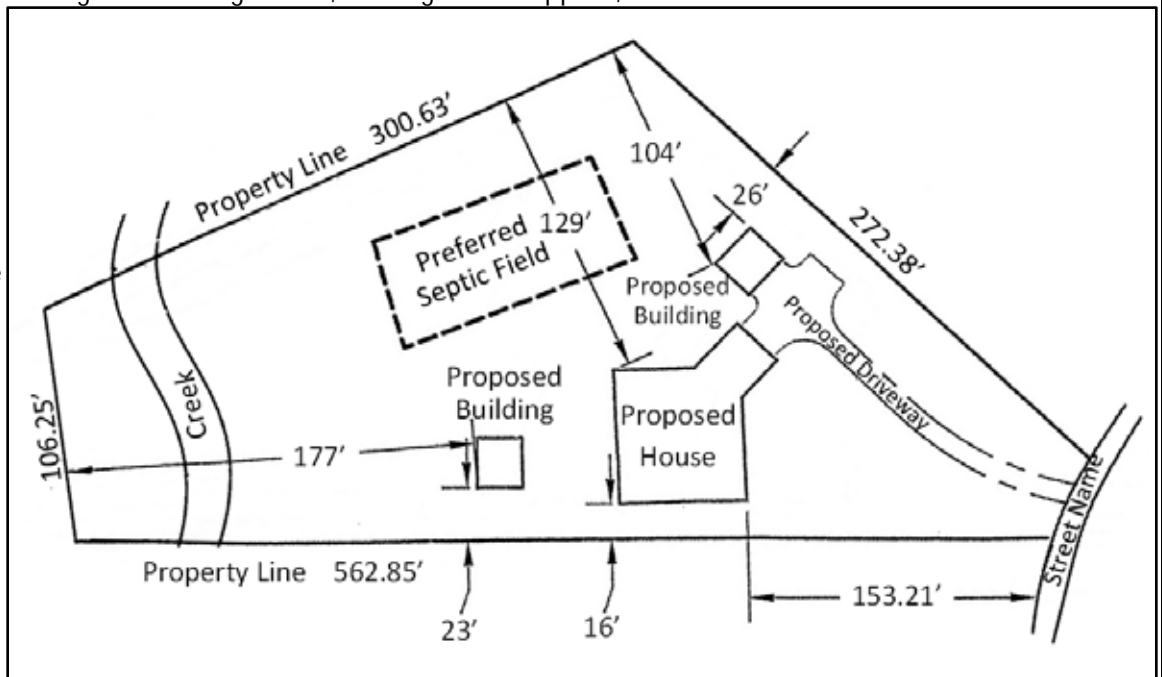
# Applicant Instructions for Septic System Approval Process

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 of 3 acres evaluated:** \$300.00 ( Residential)      \$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.





**Environmental Health**  
500 N. Main Street  
Suite #47  
Monroe, NC 28112  
E. [union\\_countyeh@unioncountync.gov](mailto:union_countyeh@unioncountync.gov)  
T. 704.283.3553

## **GUIDANCE DOCUMENT FOR SOIL AND SITE EVALUATIONS FOR SEPTIC SYSTEMS**

**YOU ARE REQUIRED TO PROVIDE A BACKHOE WITH A TRAINED OPERATOR TO DIG PITS IF YOU ARE APPLYING FOR A NEW SEPTIC SYSTEM PERMIT.**

- Property owner or applicant must provide a backhoe (minimum 2' wide bucket) with trained operator for site evaluations performed on individual lots and subdivisions. **A backhoe is not required when soil/site evaluations are conducted to evaluate an existing septic system for repair or expansion.**
- Applicant must provide contact information of backhoe operator for Environmental Health Specialist to schedule the evaluation. Some septic system contractors will provide backhoe services. Once you have selected the operator, please notify Environmental Health by providing name and contact information. A list of Certified Septic Contractors/Installers (searchable by county) can be found here: [www.ncowcicb.info](http://www.ncowcicb.info).

**Backhoe Operator:** \_\_\_\_\_

**Phone Number/E-mail:** \_\_\_\_\_

- Backhoe pit requirements:
  - Minimum 3 feet wide and 48 inches deep
  - A notched step into pit for access by Environmental Health Specialist

**Please contact the Environmental Health Specialist assigned to your project with any questions.**



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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 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





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**Application Type:**

- Improvement Permit (IP) (to identify area for septic system)
- Construction Authorization (CA\*) (ready to build/install)
- Relocation/Replacement of Septic or Pump Tank (no application fee)
- Relocate Drainfield
- Both IP and CA\* (to identify area and ready to build)
- Repair of Septic System (no application fee) *See Page 2*
- Existing Septic System Expansion

**\*Please note: A separate fee for the construction authorization permit (based on system type) is required. This fee is paid at the time the CA is issued. Please see Environmental Health Fees list for additional information. The IP permit is valid for either 60 months or without expiration with required documentation submitted.**

Non-expiring IP requires the submittal of a plat in accordance with NCGS 130A-334(7a)

**Applicant Information:**

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:**

- New Well  Existing Well  Community Well  Shared Well  Public Water  Spring

**Development Information:**

- New Single Family Residence  Expansion of Existing On-site Wastewater System  
 Non Residential or Commercial Type of Structure  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: \_\_\_\_\_

**Please Indicate Desired System Type(s):**

Refer to Improvement Permit: (Systems may be ranked in order of your preference)  
 Any:  Conventional:  Accepted:  Alternative:  Innovative:  Other: \_\_\_\_\_

**Terms & Conditions:**

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.

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

**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.**

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 \_\_\_\_\_

**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 \_\_\_\_\_ 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): \_\_\_\_\_  
\_\_\_\_\_

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 FALSIFIED, 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.