

**New Hanover County Public Health
Application for
Improvement Permit and/or Authorization to Construct**

- | |
|---|
| <input type="checkbox"/> Survey plat to scale* submitted
<input type="checkbox"/> Scaled* site plan submitted
<input type="checkbox"/> Unscaled site plan submitted
* scale of 1" = no more than 60' |
|---|

___ Improvement Permit ___ Authorization to Construct Tax Parcel # _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Applicant _____ Address _____ Home & Work Phone _____
 Email Address: _____

Owner _____ Address _____ Home & Work Phone _____
 Email Address: _____

PROPERTY INFORMATION

date originally deeded & recorded _____

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____ Lot Size _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Relocation/New
- Expansion of Existing System
- Repair to Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms: _____
 Maximum number of occupants _____
 If expansion: Current number of bedrooms: _____
 Will there be a basement? yes no
 Plumbing fixtures in Basement yes no

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
 Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? yes no

New well Existing Well Community Well Public Water Spring

If applying for Authorization to Construct: Please Indicate Desired System Type(s):
 (systems can be ranked in order of your preference)

Accepted Alternative Conventional Innovative Other _____ Any

The Applicant shall notify the local health department 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?

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's or owner's legal representative** signature (required)

Date

**Must provide documentation to support claim as owner's legal representative.



NEW HANOVER COUNTY

PUBLIC HEALTH

ENVIRONMENTAL HEALTH SERVICES

230 Government Center Drive, Suite 140, Wilmington, NC 28403

P: (910) 798-6667 | F: (910) 798-7815 | NHCgov.com

Phillip E. Tarte, MHA, Director

CHECKLIST FOR APPLICATION FOR SEPTIC SYSTEM REPAIR PERMIT

- _____ New Hanover County Public Health (NHCPH), Environmental Health Services (EHS) application form for Improvement Permit and Construction Authorization, Completely filled out and signed.
- _____ Owner's consent to filing of this application, in writing, if applicant is not owner
- _____ Survey or other legal map showing property dimensions, boundaries, and all easements
- _____ Site plan, drawn to scale, between 1 in. = 10ft and 1 in. = 60 ft., showing all existing and proposed development
- _____ Completed Homeowner Interview form
- _____ Water bills from the last six months or metered well readings (if requested)
- _____ Written documentation from the nearest provider of sewer/water that sewer/water is NOT available to the property
- _____ Location of water meter and waterline to the structure if served by public water.
- _____ Locator service has been contacted and has/will locate all underground public utilities on _____ (date)
- _____ If applicant desires to reuse existing septic tank, it must be exposed to the invert of the inlet and outlet prior to EHS evaluation
- _____ All well heads cut off sub-surface (underground) must be exposed (dug up) to verify location
- _____ Property boundaries must be flagged or staked

I, _____ (print name) certify that I have fulfilled the above-referenced application requirements and the property is prepared for a site evaluation. _____

(Signature of applicant/owner)

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LISTA DE VERIFICACIÓN PARA APLICACIÓN PARA EL PERMISO DE REPARACIÓN DEL SISTEMA SÉPTICO

- ___ Nueva solicitud de Servicios de Salud Ambiental (EHS, por sus) Servicios de Salud Ambiental del Condado de Hanover (NHCPH, por sus naltos) para el Permiso de Mejora y Autorización de Edificios, completa y firmada
- ___ Consentimiento del dueño para llenar esta aplicación, por escrito, si el solicitante no es el dueño
- ___ El alzado de planos u otros mapas legales mostrando las dimensiones, límites y servidumbre de la propiedad
- ___ Plan del sitio, dibujado a la medida, no menos de 1 pulgada=60 pies., mostrando todo el desarrollo existente y propuesto
- ___ La forma completa de la Entrevista del Dueño(a)
- ___ Factura (“biles”) del agua de los últimos 6 meses
- ___ Documentación por escrito del proveedor mas cercano de alcantarilla/agua del drenaje/ agua no esta disponible a la propiedad.
- ___ Servicios de localizador han sido contactados y han/van a localizar todos los servicios públicos bajo tierra el _____ (fecha)
- ___ Si el solicitante desea re usar tanque séptico existente, debe ser expuesto al revés de la entrada y desembocadura antes de la evaluación del EHS
- ___ Todos los componentes que están bajo tierra del poso tienen que estar expuestos antes de la evaluación del EHS
- ___ Los limites de la propiedad debe ser marcados con banderitas o estacas.

Yo, _____ (escriba el nombre) certifico que yo he cumplido con los requisitos de la aplicación mencionados arriba y la propiedad esta lista para una evaluación del sitio. _____

(Firma del solicitante/dueño(a))

“Gente Saludable, Medio Ambiente Seguro, Comunidad Fuerte”

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

6. By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

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

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

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the _____ County Department of Public Health, Environmental Health Division.

Signature of Owner(s)

Date

Signature of Witness

Date

DOCUMENTACION PARA AUTORIZAR A UN REPRESENTATE LEGAL DEL PROPIETARIO

Las aplicaciones para los permisos requieren "firma del representante legal del propietario o propietarios" (15A NCAC 18A.1937). Si el propietario no firma la aplicación el mismo o ella misma, ellos pueden enviar cualquiera de los siguientes documentos para designar su representante legal.

1. Poder Legal
2. Contrato de Bienes y Raices
3. Albacea de Propiedad
4. Fideicomiso de Insolvencia
5. Orden de la Corte de la tutela

En ausencia de la documentación mencionada arriba, el propietario puede proporcionar al departamento de salud local con la documentación que designa a un representante legal. Un propietario puede

1. Completar esta forma para documentar a su representante legal, o
2. Proporcionar su propia forma que contiene la información en esta forma

Si hay múltiples propietarios, entonces todos los propietarios deben firmar la forma que designa a un representante legal.

6. Firmando la forma que designa a un representante legal para propósitos de 15A NCAC 18A. 1937, el propietario autoriza a ese representante a actuar sobre su beneficio en los asuntos que pertenecen a la aplicación y permitir el proceso, inclusive firmar o recibir cualquier aplicación, el documento o el permiso. El propietario retiene la responsabilidad completa para encontrar todas condiciones del permiso especificados por el departamento de salud local.

I _____, soy el propietario legal (propietarios) de la propiedad localizada en _____ identificado como NIP (el número de identificación del paquete) _____, localizado en el Condado de New Hanover _____, Carolina de Norte.

Yo por la presente autorizo (imprimir el nombre legal del representante/nombre de la compañía) _____, Para actuar como un representante en mi beneficio al solicitar/firmar/obteniendo cualquiera de la documentación descrita abajo.

- Aplicación de mejora (IP)/autorización para construir (C.A.)
- Permiso de mejora (IP)/autorización para construir(C.A.)
- Aplicación para la evaluación del terreno (nuevo/reparación)
- Aplicación/permiso para el poso de agua potable/abandono del pozo
- Aplicación para la inspección de cumplimiento

Estoy de acuerdo en acatar todas la decisiones y/o las condiciones entre el representate legal que está actuando sobre mi beneficio y el _____ El Departamento del condado de la salud pública del medio ambiente.

Firma del Propietario (Propietarios) Fecha Firma del Testigo Fecha



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HOMEOWNER INTERVIEW FORM

Please fill out completely to assist in the evaluation of your failing system

Name _____ Date _____

Address _____

Phone: () _____ () _____ () _____
(Home) (Cell) (Work)

When was septic system installed? _____ Permit # _____

Installer of current system _____

When was the last time your system tank was pumped? _____

Septic Tank Pumper _____

How often do you have your septic tank pumped? _____

Where in your yard is your septic tank and drain field: _____

Describe what is happening when you are having a problem with your septic system: _____

When did you first notice the problem? _____

Does the problem seem to be linked to certain events (heavy rains, washing clothes, company staying over) or does it occur at certain times of the day or week? Explain: _____

How many people live in your house? _____ Adults _____ Children _____ Teens

How much water do you use each day? _____

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Are you on public water? _____ How much is your monthly water bill? _____

Do you have a garbage disposal? _____ How often do you use it? _____

Do you have a dishwasher? _____ How often do you use it? _____

Do you have a washing machine? _____ How many loads per week do you wash? _____

Do you use an "in the tank" or "in the bowl" toilet bowl sanitizer? _____

Do you have a water softener or water treatment system? _____

Where does it drain? _____

Is this your first experience utilizing a septic system? _____ Yes _____ No

Are any household cleaning chemicals put down the drain? _____

What kinds? _____

Are any chemicals, paint thinners, paints, etc., disposed down the drain? _____

What kinds? _____

Have any new water using fixtures been added since the system was installed? _____

What kinds? _____

Please list any plumbing fixtures (like spas or whirlpools) other than sinks, lavatories, showers / bath and toilets:

Do you have an underground lawn-watering system? _____

Has any site work been done to the house since you moved in, such as gutter drains, a new pool, basement or foundation drains, landscaping and paving of driveway? _____

Describe: _____

Are there any underground utilities on your lot? _____

Check which ones:

_____ Power _____ Phone _____ Cable _____ Gas _____ Water

Signature

Date

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Applicants for Septic System Repair Permits

Please be advised that applications for septic system repair permits will be reviewed/site inspected **AFTER** the applicant has located all utility lines which may interfere with the installation of any repair. These include water lines (including irrigation lines) electric, telephone, cable, etc. There is a utility locating service available at no charge, which will locate power lines, except private lines, cable and telephone lines. It is North Carolina 811 and their telephone number is 1-800-632-4949. The applicant is to notify the Health Department when this is completed. The site will then be visited for purposes of evaluating the area available for a septic system repair. Hopefully, this procedure will eliminate the need to make adjustments at the time of installation and avoid undue costs.

Additionally, at this time, it should be noted that the State Laws and Rules for Sewage Treatment and Disposal Systems (15A NCAC 18A.1950 (a) 14) requires that any part of a septic system be at least 10 feet from **ANY** water line. This means irrigation systems crossing septic tanks and drain fields must be relocated at least 10 feet away. The only deviation from this is under .1950(f), which allows for a supply line to cross a water line if constructed of ductile iron pipe **OR** 18 inches of separation can be maintained, with the sewage supply line crossing beneath.

The rules also require a minimum distance of 50 feet away from any part of a septic system to any water supply well (.1950(b)). **This includes irrigation wells.** A well of any type which is located closer than 50 feet to an existing septic tank and/ or drain field will either have to be abandoned by a certified well driller, and the abandonment log submitted to this office **OR** the septic tank must be relocated at least 50 feet away from the well. The authorization to construct may be issued after the well is abandoned, if the applicant does not relocate the septic tank.

If you have any questions, please contact us at 798-6667.

Catherine Timpy, Senior Environmental Health Program Specialist
Dianne Harvell, Environmental Health Services Manager

Revised 2/16/2007.

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EHS092
2-2019



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Solicitantes para el Permiso de Reparación del Sistema Séptico

Favor de notar que las solicitudes para el permiso de reparación del sistema séptico serán revisadas/lugar inspeccionado DESPUES de que el solicitante haya localizado la línea de servicio publico, la cual puede interferir en la instalación de cualquier reparación. Esto incluye la tubería de agua (la línea de riego), eléctrico, teléfono, cable, etc. Hay un servicio de localizador público disponible sin costo alguno, el cual localizara líneas eléctricas, excepto líneas privadas del cable o teléfono. Es en Carolina del Norte 811 y su número de teléfono es 1-800 632-4949. La solicitud es para notificar al Departamento de Salud cuando este terminada. El lugar entonces será visitado con el propósito de evaluar el área disponible para repara el sistema séptico. Esperando que este procedimiento elimine la necesidad de hacer ajustes en el tiempo de la instalación y evitar costos indebidos.

Además, para este tiempo, debería ser notado que las Leyes del Estado y Reglas para el Tratamiento del Drenaje y el Sistema de Residuos (154 NCAC 18^a. 1950 (a) 14) requiere que cualquier parte del sistema séptico este por lo menos 10 pies lejos de **CUALQUIER** tubería del agua. Esto significa que el sistema de irrigación que este cruzando los tanques sépticos y desagüe deberán ser trasladados por lo menos 10 pies de distancia. La única desviación de aquí es bajo 1950 (f), el cual permite al suministro atravesar el conducto de agua si se construye la pipa con un material de hierro **O** se puede mantener 18 pulgadas de separación, con el suministro de las aguas negras atravesando por debajo.

Las reglas también requieren una minina distancia de 50 pies de distancia desde cualquier parte del sistema séptico a cualquier pozo de agua (.1950 (b). **Esto incluye los pozos de irrigación.** Un pozo de cualquier tipo que este localizado a mas de 50 pies cercano a un tanque séptico que ya existe y/o el desagüe tendrá que sea abandonado por un perforador de pozos certificados, y en el registro de abandono presentarlo a esta oficina **O** el tanque séptico deberá ser trasladado por lo menos 50 pies de distancia del pozo. La autorización para construir podría ser dada después de que el pozo sea abandonado, si el solicitante no reubica el tanque séptico.

Si tiene usted cualquier pregunta, favor llámenos al 910 798-6667

NEW HANOVER COUNTY ENVIRONMENTAL HEALTH SERVICES FEE SCHEDULE

Soil Evaluation	\$	281.00	* plus \$100 each additional 600 gal/day
Sewage System Construction Authorization (Type I, II, III(a))	\$	280.00	
Sewage System Construction Authorization (Type III(b), IV, V, VI)	\$	832.00	* plus \$100 each additional 600 gal/day * plus \$100 X # inspections / 20 years
Sewage System Permit Revision	\$	140.00	
Sewage System Repair Permit	\$	50.00	
Existing System Inspection (Building addition or Private pool)	\$	140.00	
Existing System Inspection (Reuse Purposes)	\$	140.00	
Monitoring Soil Wetness Wells	\$	\$300.00	Per address per month
Land Record Review	\$	100.00	plus \$50 each additional hour
Re-inspection after failed inspection at initial visit	\$	70.00	
Engineer Option Permit (GS 130A-336.1(n) based on Sewage System design/capacity (Type I,II, III(a), III(b), IV, V, or VI	30% (IP + Construction Authorization)		
Well Permit (including site evaluation & bacteriological analysis)	\$	350.00	
Water Sample - Bacteriological	\$	140.00	
Water Sample - Bacteriological - resample	\$	70.00	
Water Sample - Chemical	\$	140.00	
Re-inspection after failed inspection at initial visit	\$	70.00	
Food Service Plan Review			
Prototype Restaurants & Food Stands			NCDENR - Division Of EH approval letter
Non-prototype / Independent Restaurants, Food Stands & Mobile Food Units	\$	250.00	
Renovations / Changes (dimension of food preparation area, seating capacity or addition of room)	\$	250.00	
Temporary Food Establishment Permit	\$	75.00	
Seafood Market Permit	\$	100.00	
Seafood Vehicle Permit	\$	50.00	
Swimming Pool - Operation permit	\$	200.00	
Swimming Pool - Plan Review (new and existing remodel construction)	\$	250.00	
Swimming Pool - Plan Review (new and existing remodel construction) secondary and each resubmittal of rejected plans	\$	250.00	
Re-inspection after failed inspection at initial visit	\$	70.00	
Tattoo Artist and/or Body Piercing Permit per location	\$	200.00	
Tattoo Artist and/or Body Piercing Permit per location paid less than 30 days prior to or after permit expiration	\$	300.00	
Temporary Tattoo Artist and/or Body Piercing Permit	\$	100.00	** operate 2 weeks or less

* First 600 gal/day **Permit to operate 2 weeks or | Refund Request prior to provision of service will be granted on the basis of \$10.00 filing charge

DEPARTAMENTO DE SALUD DEL CONDADO DE NEW HANOVER, SECCIÓN DE SERVICIOS DE SALUD DEL MEDIO AMBIENTE: PRECIOS

Evaluación de suelo	\$	281.00 (* más \$100.00 p/cada 600 galones diarios adicionales)
Autorización para construcción de sistema de alcantarillado (Tipos I, II, III)	\$	280.00
Autorización para construcción de sistema de alcantarillado (Tipos III(b), IV, V, VI)	\$	832.00 (* más \$100.00 p/cada 600 galones diarios adicionales) *mas \$100.00 x # de inspecciones / 20 años
Revisión del Permiso para sistema de alcantarillado	\$	140.00
Permiso de reparo para sistema de alcantarillado	\$	50.00
Inspección de sistema preexistente (adiciones a edificios existentes, piscina privada)	\$	140.00
Inspección de sistema preexistente (por motivo de re-uso)	\$	140.00
Monitoreando la Humedad del Suelo del Pozo	\$	300.00 Por dirección por mes
Reedición o revisión de Autorización para construcción	\$	140.00
Revisión del Registro de Tierras	\$	100.00 (más \$50.00 por cada hora adicional)
Re-inspección después de no haber pasado en la visita inicial.	\$	70.00
Permiso para pozo (incluye evaluación de sitio y análisis bacteriológico)	\$	350.00
Muestra de agua (bacteriológico)	\$	140.00
Muestra de agua (bacteriológico) 2ª muestra	\$	70.00
Muestra de agua (químico)	\$	140.00
Re-inspección después de no haber pasado en la visita inicial.	\$	70.00
Revisión del Plan de Servicio de Comidas		
Restaurante prototipo y puesto de comida		NCDENR - Division Of EH approval letter
Incluye restaurantes independientes y puestos de comida - Incluye restaurantes-Independientes y puesto de c	\$	250.00
Renovaciones/Cambios (dimensiones del area de preparacion de comida caperidad para sentarse o ampliaci	\$	250.00
Permiso Temporario p/ venta de, y/o local de comidas	\$	75.00
Permiso p/ operar mercado de pescados y mariscos	\$	100.00
Permiso p/ vender pescados y mariscos desde un vehiculo	\$	50.00
Permiso p/ operar piscina	\$	200.00
Revisión de planes para piscina (construcción nueva y remodelación actual)	\$	250.00
Revisión de planes para piscina (construcción nueva y remodelación actual) secundaria y cada reanvió de planes rechazados.	\$	250.00
Re-inspección después de no haber pasado en la visita inicial.	\$	70.00
Permiso p/ local de Artistas del tatuaje y/o perforaciones del cuerpo.	\$	200.00
Artistas del tatuaje/o perforaciones del cuerpo. Por ubicavcion pagado menos de 30 dias antes o despues del vencimiento del permis	\$	300.00
Permiso Temporario p/ Artistas del tatuaje y/o perforaciones del cuerpo.	\$	100.00 ** (podrá operar por 2 semanas, ó menos)