



**Application for Environmental Health Services**  
**THIS IS NOT A PERMIT**

<b>Application is for:</b>		<input type="checkbox"/> <b>New Construction</b>	<input type="checkbox"/> <b>Existing Facility</b>
<input type="checkbox"/> <b>Improvement Permit</b>	<input type="checkbox"/> <b>Authorization to Construct</b>		
<input type="checkbox"/> <b>New Septic</b>	<input type="checkbox"/> <b>Septic Repair/Malfunction</b>	<input type="checkbox"/> <b>Septic Relocation</b>	<input type="checkbox"/> <b>Septic Expansion</b>
<input type="checkbox"/> <b>Existing System Inspection or Reconnection</b>			
<input type="checkbox"/> <b>New Well</b>	<input type="checkbox"/> <b>Replacement Well</b>	<input type="checkbox"/> <b>Well Abandonment</b>	<input type="checkbox"/> <b>Well Repair</b>

**Property Address** \_\_\_\_\_  
**Acres** \_\_\_\_\_ **Subdivision** \_\_\_\_\_ **Lot#** \_\_\_\_\_

**Driving Directions to Property** \_\_\_\_\_

**Describe work** \_\_\_\_\_

<b>Applicant Name</b>	
Applicant Address	
Phone	Email
<b>Owner Name</b>	
Owner Address	
Phone	Email
<b>Contractor Name</b>	
Contractor Address	
Phone	Email

**Name to Appear on Permit?**     Owner     Applicant     Contractor  
**Who will be the Primary Contact?**     Owner     Applicant     Contractor

**Proposed New Construction - Residential**

**Primary Residence**     New Residence     Addition to Residence    # of New Bedrooms \*† \_\_\_\_\_    # of Occupants \_\_\_\_\_  
 Project Description \_\_\_\_\_

Structure Dimensions, also specify dimensions of decks & porches \_\_\_\_\_  
 (Choose One)  Basement     Crawl Space     Slab    If Basement, Will There Be Water Using Fixtures In Basement  Yes     No  
 Retaining Wall > 2'     Yes     No

**Accessory Dwelling** # of New Bedrooms \*† \_\_\_\_\_ # of Occupants \_\_\_\_\_ Structure Dimensions \_\_\_\_\_  
 (Choose One)  Basement     Crawl Space     Slab    If Basement, Will There Be Water Using Fixtures In Basement  Yes     No  
 Retaining Wall > 2'     Yes     No

**Accessory Structure(s)** Describe \_\_\_\_\_ Structure(s) Dimensions \_\_\_\_\_  
 Plumbing  Yes     No    Describe Plumbing Needed \_\_\_\_\_  
 (Choose One)  Basement     Crawl Space     Slab    If Basement, Will There Be Water Using Fixtures In Basement  Yes     No  
 Retaining Wall > 2'     Yes     No

**Multi-Family Residence** # of Apartments \_\_\_\_\_ #Bedrooms per Apartment\*† \_\_\_\_\_ Total # Bedrooms in Structure \*† \_\_\_\_\_ # of Occupants \_\_\_\_\_  
 Structure Dimensions \_\_\_\_\_  
 (Choose One)  Basement     Crawl Space     Slab    If Basement, Will There Be Water Using Fixtures In Basement  Yes     No  
 Retaining Wall > 2'     Yes     No

**Well Construction/Abandonment/Repair**

Proposed Well Type     Individual Well     Semi-Public Well     Community Well  
 Abandonment Type     Drilled     Bored     Dug     Unknown  
 Well Repair Requested     Yes     No    Describe \_\_\_\_\_  
 Will Certified Well Contractor Install Water Line or Electrical Line from Well Head to Pressure Tank?  Yes     No

**Existing Structures on Site**

Describe \_\_\_\_\_ Structure Dimensions \_\_\_\_\_

# of Bedrooms \* \_\_\_\_\_ # of Occupants \_\_\_\_\_

Basement  Yes  No Basement Plumbing  Yes  No**Existing Water Supply** Individual Well  Shared Well – Number of Connections \_\_\_\_\_  Community Well  County/City/Township Water LineIs a public water supply available? \*\*  Yes  No**Commercial**  **Proposed New Construction**  **Existing/ Change of Use**  **Repair****Food Service** Specify Type \_\_\_\_\_

# Seats \_\_\_\_\_ Dining Area (Sq. Ft.) \_\_\_\_\_

# Employees per Shift \_\_\_\_\_ # of Shifts \_\_\_\_\_

**Church** # of Seats \_\_\_\_\_ Daycare  Yes  No # of Children \_\_\_\_\_ # of Employees per Shift \_\_\_\_\_ # of Shifts \_\_\_\_\_Commercial Kitchen  Yes  No Residential Kitchen  Yes  No**Daycare** # of Children \_\_\_\_\_ # of Employees per Shift \_\_\_\_\_ # of Shifts \_\_\_\_\_**Business/Other** Specify Type \_\_\_\_\_ Structure Dimensions \_\_\_\_\_

Retail Floor Space \_\_\_\_\_ # of Employees per Shift \_\_\_\_\_ # of Shifts \_\_\_\_\_

**Other Information** \_\_\_\_\_

Calculated Design Flow, Commercial † \_\_\_\_\_ (This value will be determined by EH staff)

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? Describe \_\_\_\_\_

**If applying for an Improvement Permit or Authorization to Construct, Please Indicate Desired System Type(s):**

(systems can be ranked in order of your preference)

 Accepted  Alternative  Conventional  Innovative  Other \_\_\_\_\_  Any

\*Any room that will be intended for sleeping at the time of construction or for future consideration should be noted as a bedroom and counted on all applications. The number of bedrooms will be confirmed by rooms identified on floor plans as a bedroom at the time of building permit issuance. This may prevent the need for septic system expansion in the future.

† If structure is plumbed but has no bedrooms, calculated design flow will be determined by EH Staff.

\*\* If No, a well permit must be issued with the Authorization to Construct.

**RETRIP TO THE PROPERTY AND/OR SYSTEM REDESIGN WILL INCUR AN ADDITIONAL CHARGE (SEE FEE SCHEDULE)**

Environmental Health soil/site evaluations require digging, augering, and/or probing into the ground. Property owner/applicant is responsible for marking all underground utilities, including but not limited to: underground power, cable, telephone, gas, water lines, and irrigation systems/sprinkler systems. Catawba County Environmental Health is not responsible for damage to unmarked utilities.

Completed applications are valid for a period of 2 years. Improvement Permits are valid: with complete site plan = 60 months (5 years); with complete plat = without expiration. An Authorization to Construct will remain valid as long as the Improvement Permit is valid. An Authorization to Construct, issued for septic repair is valid for 60 months (5 years). Permits may be revoked if the information on this application/site plan changes or if the intended use for the proposed facility changes. Permits may be revoked if site conditions are altered such that they effect permit conditions or installation requirements.

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.

The undersigned is the owner of the property or legal agent of the owner.

Signature of Owner or Legal Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Owner or Legal Agent \_\_\_\_\_