

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 846-1039 (fax)
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-7793(fax)
(336) 372- 8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4997 (fax)
(828) 264-4995

NOTICE

APPLICATION MUST BE FILLED OUT COMPLETELY.

*Only the Applicant or the Authorized Agent,
designated on the appropriate form, will be allowed to pick up permits.*

FEE SCHEDULE

Fiscal Year 2013-2014

Effective date 07/01/13

Well Application / Water Fees

| | |
|--------------------------------------|----------|
| New Well Construction Permit ** | \$325.00 |
| Well Abandonment | \$175.00 |
| Well Camera Inspection | \$175.00 |
| Renewal of a Non-expired Well Permit | \$225.00 |
| Renewal of an Expired Well Permit | \$325.00 |
| Changes to an Existing Well Permit | \$175.00 |

** This fee includes the site evaluation, permit, grouting inspection, well head inspection & a State mandated \$75.00 laboratory analysis of the well water (*Coliform, Nitrate, and Inorganic concentrations*)

On-Site Wastewater Application Fees

| Improvement Permit & Authorization to Construct | | Additional Fee for the Authorization to Construct | |
|---|----------|--|------------|
| Residential Rates** | | Commercial Rates** | |
| 2 - 3 Bedrooms | \$500.00 | 100 - 360 Gallons | \$500.00 |
| 4 - 5 Bedrooms | \$600.00 | 361 - 500 Gallons | \$600.00 |
| If over 500 Gallons add \$300.00, extra for each additional 500 Gallons or any portion thereof. | | | |
| Privy, Incinerating (Type I) | \$225.00 | Gravity (Type II, III) | \$100.00** |
| Relocation of a Septic Tank | \$200.00 | Simple Pump (Type IIIb) | \$200.00 |
| Expansion of a Residential System (for the first bedroom, & \$100 for each additional bedroom) | \$200.00 | Drip, Pre-treat, Large (Type IV, V, VI) | \$400.00 |
| | | Expansion of a Commercial System will be based on the number of gallons per day. | |

** These fees include a nonrefundable \$225.00 site evaluation and \$100.00 for first Authorization to Construct.

| | |
|--|--------------------|
| Change of Existing Septic Permit (Limited) | \$225.00 |
| Change of Existing Septic Permit (Comprehensive) | Full Permit Fee |
| Expired Septic Permit | Full Permit Fee |
| Renewal of a Non-expired Septic Permit | \$225.00 |
| Compliance Inspection (of proposed construction only) | \$100.00 |
| Name Change | \$25.00 |
| Revisit Fee (inadequate site preparation, broken appointments, etc...) | \$ 50.00 per visit |

ALL FEES INCLUDE A NON-REFUNDABLE \$25.00 ADMINISTRATION PROCESSING CHARGE.

APPLICATION FOR WELL AND SEPTIC PERMITS

Only the applicant or the Authorized Agent, designated on the appropriate form, will be allowed to pick up permits.

Please complete only the required sections of the application that apply to the service you are requesting. The table below explains which sections are required for each service.

If you need help with any part of the application, please ask for an instruction sheet. This will define and explain where to find the answers to each question on the application.

| Service Being Applied For: | Application Sections Required: | Survey/ Schematic required | Site plan required |
|---|--------------------------------|------------------------------------|-------------------------------|
| New Septic System (Improvement Permit) | 1, 2, 3, 4, 5, 8 | Yes | Yes |
| Authorization to Construct | 1, 2, 3, 4, 5, 8 | Yes | Yes |
| New Well Construction Permit | 1, 2, 5, 6, 8 | Yes | Yes |
| Compliance Inspection | 1, 2, 3, 5, 8 | No | Yes |
| Repair of a Well | 1, 2, 5, | No | Yes |
| Repair of a Septic System | 1, 2, 3, 5, | No | Yes |
| Renewal of Non-Expired Permit | 1, 2, 3, 5, 8 | No | No |
| Expansion of an Existing Septic System | 1, 2, 3, 5, 8 | Yes | Yes |
| Relocation of a Septic Tank | 1, 2, 3, 5, 8 | No | Yes |
| Change of Existing Permit (Well or Septic) (Limited or Comprehensive) | 1, 2, 3, 5, 8 | Yes (unless attached to permit) | Depending on proposed change. |
| Well Abandonment | 1, 2, 7 | No | No |
| Well Camera Inspection | 1, 2, 7 | No | No |
| Name Change | 1, 2, | No | No |

- **Before an application may be accepted, all the site preparation must be completed.**
- In order to make the evaluation process as efficient as possible please make sure that all site preparation is done such as: proposed building and well location staked, driveway marked, property corners and lines clearly and correctly marked, holes dug etc.
- In most cases the permit procedure can be accomplished with 3 visits to the property if all site preparation work is done properly. **A site revisit fee of \$50.00 will be charged** to evaluate property not prepared as specified in the instructions. This fee begins after the third visit.

All applications must be signed and dated.

SITE PREPARATION INSTRUCTIONS AND EXAMPLE SITE PLAN

The applicant/agent is responsible for preparing the property for the soil/site evaluation. The property corners and property lines must be clearly and correctly flagged in the field. Any existing septic systems and water supplies within 100 feet of the property to be evaluated must be identified on the site plan.

A minimum of four test holes or backhoe pits must be dug. The holes, if dug with posthole diggers, must be at least 12 inches wide and 36 inches deep. If dug with a backhoe, the holes must be 30 inches wide and 48 inches deep. The holes should be spaced 20 to 50 feet apart and should be dug along the contour of the ground, two uphill and two downhill. (See Example Layout Below)

How to choose the area to dig the test holes: We would like to place the septic system in the location you prefer. You can help us do this by locating the holes in areas that meet the following setbacks; At least 50' from any creek or spring, 15' from any proposed structure or driveway, 10' from any property line, and 100' from any existing or proposed well location.

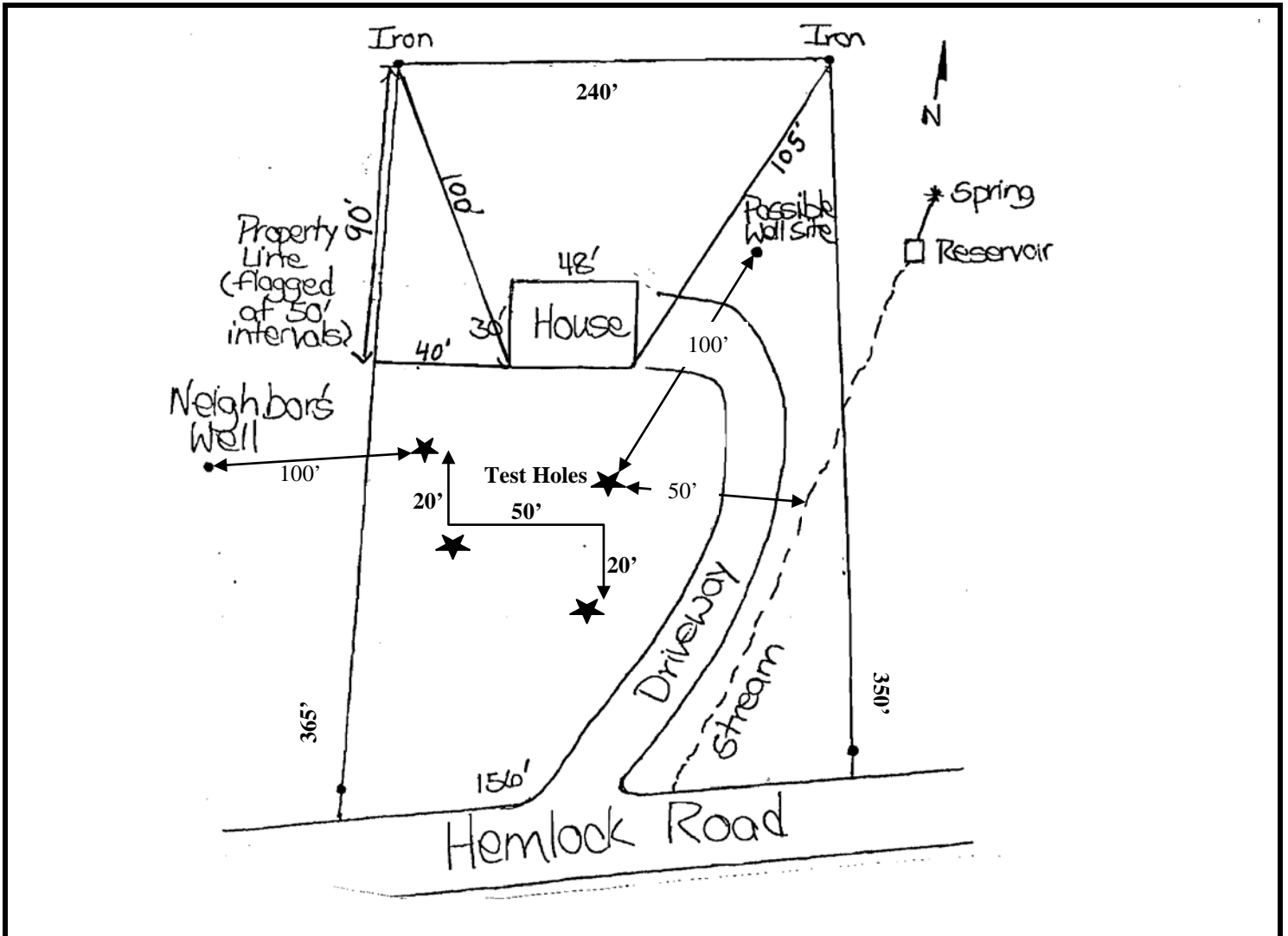
Grading and excavation of the property is not recommended prior to this department's evaluation.

SHOW EACH OF THESE ON THE SITE PLAN:

1. Structures(s) (existing or proposed)
(Dimension of proposed structures including decks)
2. Distance to proposed structure(s) from two (2) different points or fixed benchmarks (see below)
3. Water supply source (well or spring).
4. Driveway (existing or proposed)
5. Property Corners & Lines
6. Septic System(s) (existing or proposed)
7. Water Lines (existing)
8. Wells and Fuel Tanks within 100 feet of the site
9. Streams, Springs, or other surface water
10. Subsurface drains

To make the permitting process faster for everyone, please give accurate measurements for the proposed construction.

EXAMPLE SITE PLAN



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APPLICATION FOR WELL AND ON-SITE WASTEWATER PERMITS

Date Received:

Health Department Use Only

SECTION 1 INITIAL THE APPROPRIATE LINE(S) FOR WHAT THIS APPLICATION IS FOR:

- | | |
|---|---|
| <input type="checkbox"/> NEW WELL CONSTRUCTION PERMIT | <input type="checkbox"/> NEW SEPTIC SYSTEM (Improvement Permit and Authorization to Construct) |
| <input type="checkbox"/> WELL ABANDONMENT | <input type="checkbox"/> AUTHORIZATION to CONSTRUCT (Improvement Permit previously issued) |
| <input type="checkbox"/> WELL CAMERA INSPECTION | <input type="checkbox"/> COMPLIANCE INSPECTION (for proposed construction location only) |
| <input type="checkbox"/> REPAIR (Well / Septic) | <input type="checkbox"/> RENEWAL OF PERMIT (Septic-- non-expired only) (Well - Expired / Non-expired) |
| <input type="checkbox"/> RELOCATION OF SEPTIC TANK | <input type="checkbox"/> EXPANSION OF AN EXISTING SEPTIC SYSTEM |
| <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> CHANGE OF EXISTING PERMIT (Well / Septic) (Limited / Comprehensive) |

SECTION 2

Owner of Property _____ Phone: _____ (Home) _____ (Cell)

Mailing Address: _____ Email: _____

Applicant: _____ Phone: _____ (Home) _____ (Cell)

Mailing Address: _____ Email: _____

Agent: _____ Phone: _____ (Home) _____ (Cell)

** see page 3

Mailing Address: _____ Email: _____

INFORMATION ON THE PROPERTY TO BE EVALUATED

DETAILED Directions to Property: _____

Property Size: _____ Parcel ID/ PIN: _____ County of Property: _____

Subdivision Name: _____ Lot #: _____ Section: _____ Date Platted** _____

**Date property recorded with the county as it currently exists.

YES NO Is any part of the property in the 100 flood plain?

YES NO Are there any drinking water supplies within 100 feet of this property? (If yes show them on the site plan.)

YES NO Is this property subject to watershed restrictions?

SECTION 3

STRUCTURE INFORMATION

DESCRIBE THE EXISTING OR PROPOSED STRUCTURE:

- | | | |
|---|---|---|
| <input type="checkbox"/> HOUSE | <input type="checkbox"/> MOBILE HOME | <input type="checkbox"/> APARTMENTS / TOWNHOMES |
| <input type="checkbox"/> GARAGE APARTMENT | <input type="checkbox"/> BUSINESS / OTHER | <input type="checkbox"/> CONSTRUCTION DESCRIBED BELOW |

YES NO Basement

YES NO Water Fixtures in Basement

Number of Bedrooms: _____

Special Fixtures: Circle all that apply: Garbage Disposal, Oversized Tubs, Multi-head showers, Multiple Master Bathrooms or Kitchens

Special Fixture Description: _____

Business / Other Description: _____

Number of Employees: _____ Square footage of Commercial Building: _____ Hours of Operation: _____

Compliance Inspection (for proposed construction only):

Describe the proposed construction and show the location of any existing structures, proposed additions, excavation or other improvements to the property on the site plan.

Describe: _____

If you have an existing septic system, what year was it installed and under whose name was it permitted? _____

SECTION 4

SECTION TO REQUEST AN ON-SITE WASTEWATER SYSTEM TYPE:

Please Indicate Desired System Type(s) (Systems can be ranked in order of your preference):

- Any System Type Accepted Alternative Conventional Innovative Other _____

SECTION 5

WATER SUPPLY INFORMATION

(SHOW LOCATION ON SITE PLAN)

YES NO Is water provided by a public water supply? Name of water supply system: _____ If yes then please skip to Section 8.

The following information applies to a: Proposed Well Existing Well Year the well was drilled: _____
 Existing Spring (skip to section 8) Proposed Spring (skip to section 8)

Well will be used for:

Private Well Shared Well Other (Describe below)

Other Includes: Business, Restaurant, Daycare, Migrant housing, etc. Description: _____

If different than the property described above, property the drinking water supply is located on. LOT #: _____ Parcel ID #: _____

Directions to the Water Supply: _____

SHARED WELL INFORMATION

What is number of the existing and/or possible future connections to this well? _____ If more than one (1) connection, list the connections by Lot # and / or Parcel ID #: _____

SECTION 6

WELL SITING INFORMATION

YES NO Is there or are you proposing to place a fuel tank(s) on the property? (Not including propane or natural gas tanks.)

YES NO Is there a fuel tank(s) on the adjacent properties?

YES NO Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)

YES NO Are there any variances regarding well construction or location issued under 15A NCAC 02C .0118

YES NO Are there any easements, or right of ways recorded on this property? If yes, describe and attach a copy of the easement and / or right of way documentation to this application: _____

Show on the site plan all existing wells, springs, surface waters, designated wetlands, existing or permitted sewage disposal systems, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction.

Are there any existing or permitted septic systems, what year was it installed and under whose name was it permitted? _____

SECTION 7

WELL ABANDONMENT or WELL CAMERA INSPECTION

Year the well was drilled: _____ Depth of the existing well: _____ Casing depth of the existing well: _____

Describe why the well is being abandoned: _____

Is there any contamination of the water in the well? _____

SECTION 8

YES NO Property corners clearly and correctly identified

YES NO Plat attached

YES NO Proposed structures staked onsite

YES NO Proposed well site staked

YES NO Holes dug

| Permit | Expiration |
|---|------------|
| Improvement (IP) | 5 years |
| Construction Authorization (CA) (not to exceed the IP) | 5 years |
| Well Construction | 5 years |
| Compliance Inspections | 1 year |

TO COMPLETE THE APPLICATION DRAW A DIAGRAM OF THE PROPOSED CONSTRUCTION ON THE SITE PLAN PAGE PROVIDED.

Applicant must notify this department if this site is subject to approval by other public agencies (other than the planning and inspection department) or wastewater other than sewage will be generated.

THIS APPLICATION AND FEES PAID WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT. AFTER 12 MONTHS THE APPLICATION IS VOID AND THE APPLICATION FEE IS NON-REFUNDABLE.

ALL HEALTH DEPARTMENT PERMITS ARE SUBJECT TO SUSPENSION OR REVOCATION IF THE SITE PLAN OR THE INTENDED USE CHANGES.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND WILL NOT BE ALTERED WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE

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PROPERTY TO BE EVALUATED
MUST FILL OUT COMPLETELY

Owner of Property: _____ Parcel ID / PIN #: _____

Subdivision Name: _____ Lot #: _____ Section #: _____

PROPERTY OWNER'S AUTHORIZATION FOR APPLICANT *(Potential Buyer)*

I, _____ *(name of property owner)*, being the owner or the legal representative of the business which owns the property specifically described above, do hereby authorize _____ *(name of applicant)* or their legal representative to pursue permits issued by the Appalachian District Health Department. I understand that this authorization includes but is not limited to: (1) Applying for Health Department permits, (2) Preparing the site for on-site soil evaluations, (3) Accomplishing other necessary actions as required by the Appalachian District Health Department (i.e backhoe pits, surveying, clearing the lot of underbrush), (4) Locating or gaining knowledge of all pertinent fuel storage tanks, wells, springs, septic systems, etc...

This authorization will be in effect until a written notice of revocation is received by this office from the owner, or until one year from date of signature by owner.

(Owner's signature)

(Date)

APPLICANT'S AUTHORIZATION FOR AN AGENT TO ACT AS THEIR LEGAL REPRESENTATIVE

I, _____ *(name)*, being the applicant for an Improvement Permit / Authorization for Wastewater System Construction and/or a Well permit do hereby authorize _____ *(name)* to act as an agent on my behalf to do the following: (1) Apply for Health Department permits, (2) Prepare the site for on-site soil evaluations, (3) Accomplish other necessary actions as required by the Appalachian District Health Department (i.e. backhoe pits, surveying, clearing the lot of underbrush), (4) Locate or gain knowledge of all pertinent fuel storage, wells, springs, septic systems, etc...

I understand that I or my legal representative must sign for all permits issued by the Health Department.

This authorization will be in effect until a written notice of revocation is received by this office from the applicant.

(Applicant's signature)

(Date)

(Authorized agent's signature)

(Date)

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SITE PLAN

(MEASUREMENTS MUST BE ACCURATE. SEE EXAMPLE)

NAME: _____ DATE: _____

