



AppHealthCare Fee Schedule

effective 9/2/24



On-Site Wastewater Permits:

Improvement Permits:	Fee:		
1 – 3 Bedrooms Residential, RV or Commercial <361 GPD	\$775.00 *		
4 – 5 Bedrooms Residential or Commercial >360 and <600 GPD	\$875.00 *		
If flow rates exceeds 600 GPD, each additional 480 GPD, or portion thereof	\$475.00 *		
*These fees include a nonrefundable site evaluation fee equal to one-half the application fee plus a \$50 admin fee. Fees also include a gravity system Construction Authorization (CA). Additional fees will apply for a Type IIIb or Type IV – VI system as listed below.			
Construction Authorization (CA) Permits:	Gravity (Type I, II,III)	Simple Pump (Type IIIb)	Drip, Large, Pretreatment, (Type IV, V, VI,)
1 – 3 Bedrooms Residential, RV or Commercial <361 GPD	\$ -	\$ 375.00	\$ 575.00
4 – 5 Bedrooms Residential or Commercial >361 and <600 GPD	\$ -	\$ 375.00	\$ 575.00
Expansions:			
Expansion of a residential system:	\$475.00 for the 1st bedroom and \$225.00 for each additional bedroom.		
Expansion of a commercial system:	\$475.00 for the 1st 120 gallons and \$225.00 for each additional 120 gallons.		
Privy, Incinerating and Composting Toilets (Type I):	\$375.00		
Relocation of a Septic Tank:	\$375.00		
Change of Existing Permit (Limited) No soil evaluation required:	\$400.00		
Change of Existing Permit (Comprehensive):	Full permit fee with a new application.		
Revisit Fee (Inadequate site preparation, broken appt, reflagging):	\$150.00 per visit		
Septic Repair Fee			
1-3 Bedroom	\$150.00		
4+Bedroom, Vacation Rental or Non-Residential	\$250.00		
Initial System was Private Option	Full permit fee with a new application		

Fees above do not reflect the revised A2 IP & CA at 40% or A2 CA only at 40% effective 9/1/23.

Well Permits:

New Well Permit Application:	\$475.00
This fee includes the site evaluation, permit, grouting inspection, well head inspection, and state mandated laboratory analysis of well water (test includes Coliform, Nitrate/Nitrite and Inorganic sampling).	
Well Abandonment	\$300.00
Change of an Existing Well Permit:	\$300.00
Repair (for emergencies-low quantity or yield / quality issues)	\$75.00
Repair (for improving property or code compliance)	\$125.00
Variance Request (filing fee)	\$100.00
Revisit Fee (Inadequate site preparation, broken appointments):	\$150.00 per visit

Compliance (Existing System) Inspection:

Compliance Inspection (1 combined fee for septic & well):	\$225.00
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Migrant Housing:

Migrant Housing Inspection:	\$300.00 per house/facility to be inspected.
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Administrative Fees:

Permit Name Change:	\$25.00
Return Check Fee:	\$25.00
Non-Refundable Administrative Fee on all applications:	\$50.00

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.

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 48 inches deep. If dug with a backhoe, the holes must be 30 inches wide and 60 inches deep. The holes should be spaced 30 to 50 feet apart and should be dug along the contour of the ground. (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 or spring water supply.

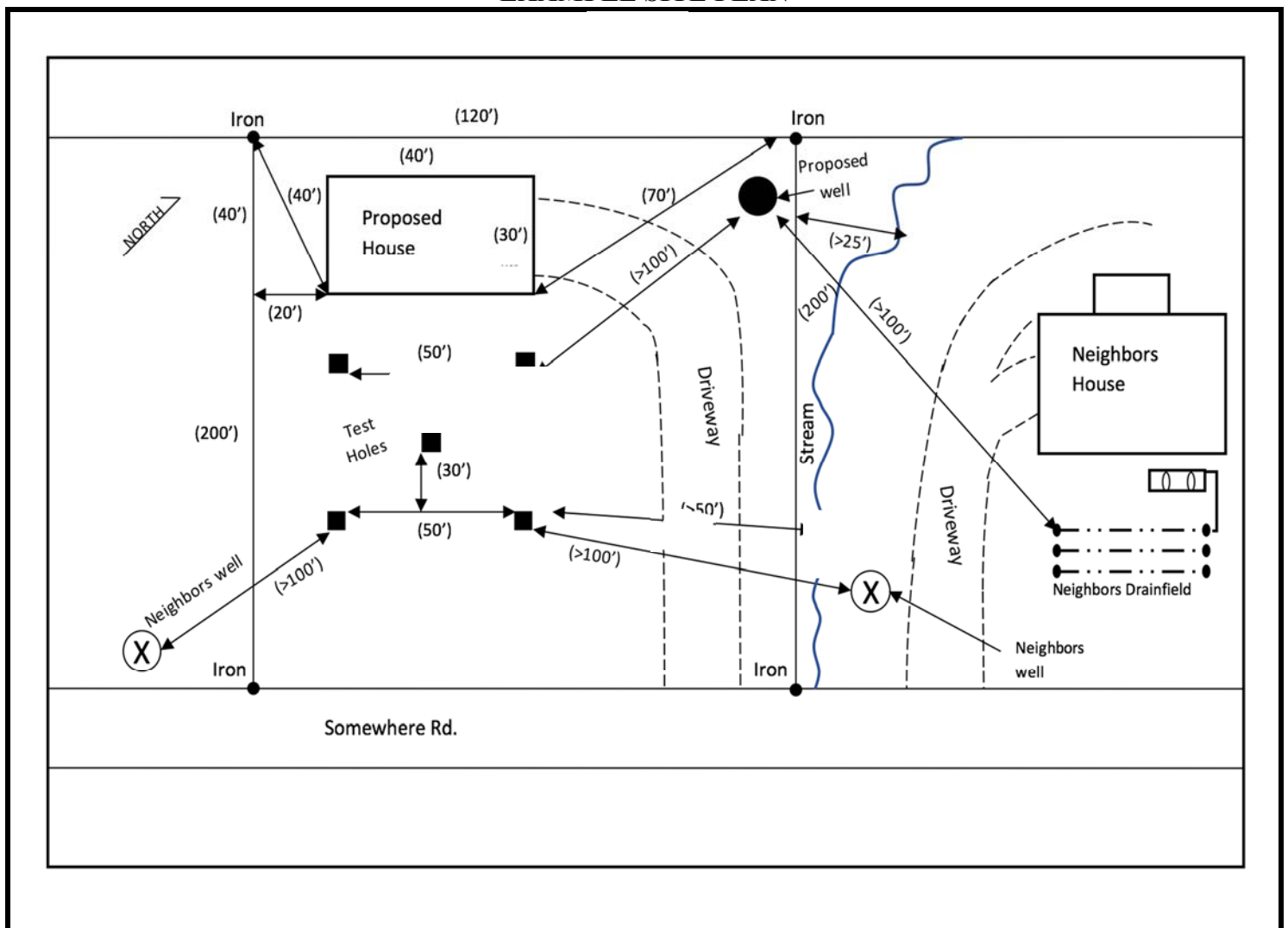
Grading and excavation of the property is not recommended prior to this department's evaluation.

SHOW EACH OF THESE ON THE SITE PLAN:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Structures(s) (existing and/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 sources (well or spring) 4. Driveway (existing and/or proposed) | <ol style="list-style-type: none"> 5. Property corners & lines 6. Septic system(s) (existing and/or proposed) 7. Water lines (existing and or proposed) 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



AppHealthCare

ALLEGHANY COUNTY
157 Health Services Rd.
Sparta, NC 28675
(336) 372-1888 (fax)
(336) 372-5641 ext. 1192

ASHE COUNTY
P.O. Box 208
Jefferson, NC 28640
(336) 982-3555 (fax)
(336) 246-3356 ext. 3193 or 4107

WATAUGA COUNTY
P.O. Box 307
Boone, NC 28607
(828) 264-4997 (fax)
(828) 264-4995 ext. 3123 or 3141

Septic and Well Permit Application Guide

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.

It is **HIGHLY ADVISED** to contact the county where the permit is located prior to submitting via mail or email. This will help prevent any delays with receiving and accepting your application.

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

- **A site revisit fee of \$150.00 will be charged** for properties that are not prepared as specified in the instructions or as stated in the application in Section 8.

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

All applications must be signed and dated.

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ALLEGHANY COUNTY
157 Health Services Rd.
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Septic and Well Check List

1. Prepare Site*: _____
 - a. Property lines and irons marked onsite _____
 - b. Proposed house/building site staked onsite _____
 - c. Well site staked _____
 - d. Driveway marked _____
 - e. HOLES DUG ___ **may be dug later if Health Dept is going to meet a machine operator onsite.**
 - f. Call [811](tel:811) to locate underground utilities and provide the ticket number on the application.
2. Turn in completed application containing _____
 - a. Survey plat or Schematic _____
 - b. Site plan _____

(Wait time for finished permit will vary depending on number of active applications, weather, availability of installers/ contractors / surveyors, legal agreement requirements, etc.)
3. Receive **Improvement Permit**** _____
 - a. Permit valid for 5 years
4. Apply for **Construction Authorization (CA)** _____ AND **New Well** _____ or **Compliance** (for existing wells) _____ when ready to build.
 - a. House/building and driveway shall be accurately staked/flagged onsite prior to applying. _____
(Additional fee may be required for CA depending on septic system type.)
5. Receive **Construction Authorization Permit**** _____ AND **Well Construction Permit**** _____ or **Compliance Permit**** _____
 - a. Construction Authorization valid for validity of Improvement Permit
 - b. Well Permit valid for 5 years
 - c. Compliance Permit valid for 1 year
6. Have a...
 - a. Certified septic installer installs septic system _____
 - i. We will inspect system when licensed installer calls for final inspection.
 - b. Certified well driller drill well _____
 - i. We will inspect grout when licensed driller calls for inspection.
7. Once outside of house is finished (house foundation and all decks) and well is completed (pump installed and well head complete), applicant must call Health Department to request the **Operation Permit (will not be issued automatically after final inspection)** _____ AND **Well Certificate of Completion** _____
 - a. This may take several days depending on weather and other inspections.
 - b. Receive **Operation Permit** _____ **OP will be required to receive your Certificate of Occupancy "CO" from Planning and Inspections (per P&I). The CO is required for power to be turned on.**

*Sites not prepared as specified will result in unnecessary delays and a \$150 revisit fee must be paid prior to the next site visit.

**Permit issuance is contingent upon site suitability which is determined during the soil and site evaluation by this department. This includes, but is not limited to, soil conditions, available space, topography, water features, etc.



APPLICATION FOR ON-SITE WASTEWATER AND WELL PERMITS

Instructions for completing the application, fee information, helpful checklist and websites can be located [here](#). Section 1 must be completed by all applicants. Please click on Section headings or on each type of application to learn what needs to be completed.

Date Received:
CDP File #:
Initials:
AppHealthCare Use Only

SECTION 1

INITIAL the appropriate line(s):

_____ NEW SEPTIC SYSTEM* (<input type="checkbox"/> Improvement Permit and <input type="checkbox"/> Construction Authorization)	_____ A2 CONSTRUCTION AUTHORIZATION
_____ CONSTRUCTION AUTHORIZATION (Improvement Permit previously issued)	_____ RELOCATION OF SEPTIC TANK,
_____ A2 IMPROVEMENT PERMIT	_____ SEPTIC REPAIR PERMIT* (submit questionnaire)
_____ EXPANSION OF AN EXISTING SEPTIC SYSTEM*	_____ CHANGE OF EXISTING PERMIT (<input type="checkbox"/> Well <input type="checkbox"/> Septic) (<input type="checkbox"/> Limited <input type="checkbox"/> Comprehensive)
_____ NEW WELL CONSTRUCTION PERMIT	_____ COMPLIANCE (ESA) INSPECTION
_____ WELL ABANDONMENT PERMIT	_____ MIGRANT HOUSING INSPECTION
_____ WELL REPAIR PERMIT	_____ NAME CHANGE

SECTION 2

Applicant (Potential buyer or property owner): _____ a

Contact Number: _____ Email: _____

Mailing Address: _____

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Owner of Property: _____

Contact Number: _____ Email: _____

Mailing Address: _____

Agent (or Applicant's Representative): aaaa

Contact Number: _____ Email: _____

Mailing Address: _____

INFORMATION ON THE PROPERTY TO BE EVALUATED: County: Alleghany Ashe Watauga

Directions to Property: _____

Parcel ID/ PIN: _____ Date Platted: _____ Gate Code: _____
 (Date property recorded with the county)

Property Size: _____ Subdivision Name: _____ Lot #: _____ Section: _____

- ___ YES* ___ NO Are there any easements or right of ways on this property? *If yes, show on
- ___ YES* ___ NO Does the site contain any existing wastewater systems? Site Plan.
- ___ YES ___ NO Is this property subject to watershed restrictions or does it contact jurisdictional wetlands?
- ___ 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? If yes, please name the agency:

System Type Preference: Any Conventional Accepted Innovative Alternative

Alleghany County
 157 Health Services Road
 Sparta, NC 28675
 (336) 372-1888 (fax)
 (336) 372-5641 ext. 1192

Ashe County
 P.O. Box 208
 Jefferson, NC 28640
 (336) 846-1039 (fax)
 (336) 246-3356 ext. 3193 or 4107

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SECTION 6

WELL ABANDONMENT:

Year the well was drilled: _____ Total depth of the well: _____ Casing depth of the well: _____

Describe why the well is being abandoned: _____

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

SECTION 7

COMPLIANCE (ESA) INFORMATION:

Compliance or Existing System Inspections **cannot** be conducted for real estate transactions or for septic system locate only.

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

Reason(s) for inspection: (Check all that apply)

Reconnection to existing septic system when proposed facility is in same footprint as existing/previous facility

Reconnection when the proposed facility is not in same footprint as existing/previous facility

Site modification (i.e. addition of a storage building, swimming pool, etc.)

Expansion to footprint of existing facility (i.e. deck, family room, etc.)

Connection to an existing well. If this applies, is a well variance needed? Yes No

Please describe the proposed addition / improvement and the dimensions (i.e. storage building 20 ft x 30 ft):

Are you requesting any changes to wastewater design flow or wastewater strength (i.e. office being converted into a food service establishment)? Yes No

SECTION 8

Initial that all have been completed. (If found not completed, a site revisit fee will be required before continuing with the permitting process and priority will be given to other completed applications.)

_____ Property corners/lines clearly and correctly identified with survey irons

_____ Right of way or easements marked

_____ Proposed structures staked onsite (well site, buildings, driveway)

_____ Site accessible (road / driveway condition fair, gate code provided, thick brush cleared, etc)

_____ Test holes dug or machine operator contacted for pits. Our Department will schedule to meet with the operator on site to select the location for the pits.

Machine operator: _____ and _____
(name) (phone)

_____ *Call 811 to locate underground utilities for the following types of applications: new septic, septic repair, septic expansion or tank relocation. Provide the ticket number: _____

All Health Department permits are subject to suspension or revocation if the site or the intended use changes or is altered; or the application is falsified or changed. The Improvement Permit (IP) is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; complete plat = without expiration). Construction authorizations (CA) are valid for the life of the IP. Compliance or ESA approvals are valid for 12 months.

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.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE

Version
4/4247

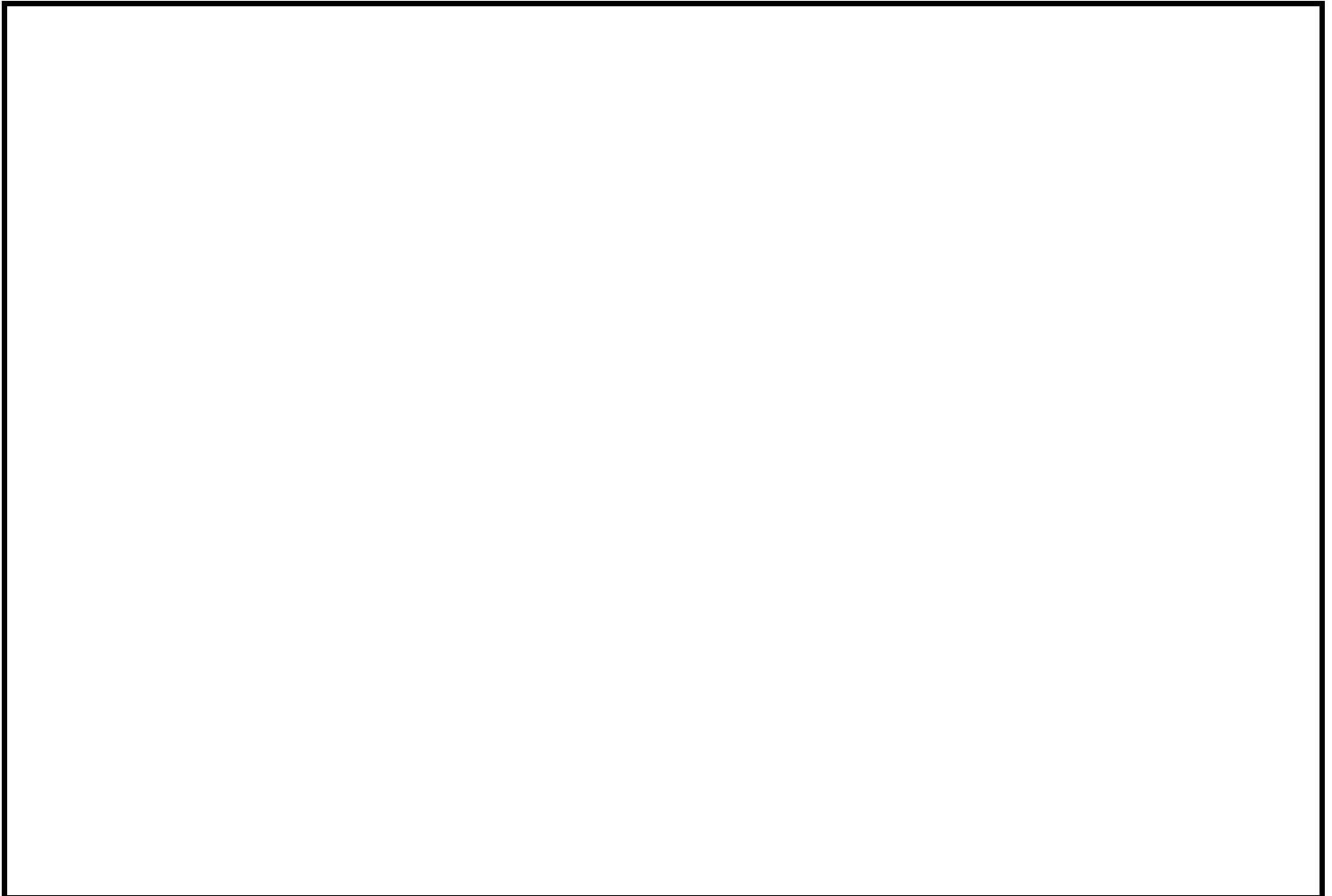
SITE PLAN [\(see example\)](#)

Items to be shown on the site plan:

- **For Well application:** Easements, right of ways, all property boundaries, at least one of which is referenced to a minimum of two landmarks such as identified roads, intersections, streams or lakes within 500 feet of proposed well or well system; all existing wells, identified by type of use, within 500 feet of proposed well or well system; the proposed well or well system; any test borings within 500 feet of proposed well or well system; and all sources of known or potential groundwater contamination (such as septic tank systems; pesticide, chemical or fuel storage areas; animal feedlots, as defined by G.S. 143-215.10B(5); landfills or other waste disposal areas) within 500 feet of the proposed well.
- **For Septic application:** Structures (existing and proposed), distances to structures from fixed points, water supply source(well or spring head), driveway(existing and/or proposed), property corners and lines, septic systems (proposed and/or existing), all existing water lines, wells within 100' of property, all surface water (springs, streams, ponds...), all right of ways (electric, water, road, etc...), any easements, and subsurface drains.
- **For Compliance (ESA) application:** Existing structures, existing and proposed grading and roads, proposed structure with measurements, well location, property lines, and septic tank and drainfield location.

NAME: _____

DATE: _____



OWNER / AGENT AUTHORIZATION FORM

PROPERTY TO BE EVALUATED

(Must fill out completely)

Owner of Property: _____ Rj qpg #: _____ aa _____ 'Go ckn'aaaaaaaaaaaaaaaaaaaaaaaaa

Rctegri'F "TRP "%' _____ aaa _____ Uwdf kxkukqp'P co g<'aaaaaaaaaaaaaaaaaaaaa 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 AppHealthCare. 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 AppHealthCare (i.e backhoe pits, surveying, clearing the lot of underbrush),
- (4) Having Inspector(s) access my property to locate 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.

_____ (Owner's signature)

_____ (Date)

Applicant Phone #: _____

Applicant Email: _____

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

I, _____ (name of applicant), being the applicant for an Improvement Permit / Construction Authorization for Wastewater System and/or a Well permit do hereby authorize

_____ (name of agent) 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 AppHealthCare (i.e. backhoe pits, surveying, clearing the lot of underbrush),
- (4) Having Inspector(s) access my property to locate all pertinent fuel storage tanks, wells, springs, septic systems, etc...

I understand that I or my *legal representative* 'o wuv'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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