



ALBEMARLE REGIONAL HEALTH SERVICES
ON-SITE WASTE WATER SYSTEM APPLICATION

County: _____

File# _____

Parcel Identification Number (Site Evaluations only): _____

Table with 2 columns: Type of Service Requested, Fee. Rows include Site Evaluation/ Improvement Permit for Wastewater System (\$300.00), Existing Wastewater System Inspection (\$100.00), Construction Authorization for Repair of Wastewater System (\$100.00), Construction Authorization Permit *If Approved* (\$400.00 - 450.00), Construction Authorization Permit *If Approved* (5 BR+ fee varies based on system type) (\$550.00 +), Permit Redraw (\$50.00).

Applicant Information

Name: _____
Mailing Address: _____
City/State/Zip: _____
Telephone Number: _____
Email: _____

Property Owner Information [] Check if same as applicant

Name: _____
Mailing Address: _____
City/State/Zip: _____
Telephone Number: _____
Email: _____

Property Information

Form with fields: Location (_____), Date property was originally deeded and recorded (____/____/____), Size: (acres) (____), Water Supply (Public supply, Private Well), Map submitted (Survey Plat, Site Plan).

Building Information

Form with fields: Type of Facility (Mobile Home, House, Business, Other), Number of Bedrooms (____), Number of Occupants (____), For Repairs, please state the nature of problem (____).

For Existing System Inspection; List size/type of new construction:

(See Back)

The applicant shall notify ARHS upon submittal of this application if any of the following apply to the property in question. If "YES," the applicant must attach supporting documentation and show location(s) on the submitted site plan/plat.	YES	NO
Does the site contain any jurisdictional wetlands?	<input type="checkbox"/>	<input type="checkbox"/>
Does the site contain any wastewater systems?	<input type="checkbox"/>	<input type="checkbox"/>
Is any wastewater going to be generated on the site other than domestic sewage?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any easements or right of ways on this property?	<input type="checkbox"/>	<input type="checkbox"/>
Is this facility subject to approval by another public agency?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any wells, springs, or existing water lines on this property?	<input type="checkbox"/>	<input type="checkbox"/>

INITIAL

- _____ 1. **THE APPLICANT SHALL MARK THE SITE AND MAKE THE SITE ACCESSIBLE FOR A SITE EVALUATION.**
- _____ 2. **A \$60.00 REVISIT FEE WILL BE CHARGED IF THE PROPERTY IS UNIDENTIFIABLE OR INACCESSIBLE DUE TO VEGETATIVE OVERGROWTH, LOCKED GATES, LOOSE DOGS, ETC.**
- _____ 3. **IF THE INFORMATION SUBMITTED BY THE APPLICANT IS FOUND TO BE INCORRECT, OR IF THE SITE AND SOIL CONDITIONS ARE ALTERED, ANY IMPROVEMENT PERMIT SHALL BECOME INVALID.**

PLEASE ALLOW UP TO 2 WEEKS FOR COMPLETION.

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 the property to conduct the services requested.

Date: _____ **Owner or Agent Signature:** _____

Mail To: ARHS Environmental Health; P.O. Box 189; Elizabeth City, NC 27907

Bertie Co. P: (252) 794-5303 F: (252) 794-5361	Camden Co. P: (252) 338-4460 F: (252) 338-4475	Chowan Co. P: (252) 482-1199 F: (252) 482-6020	Currituck Co. P: (252) 232-6603 F: (252) 232-1912	Gates Co. P: (252) 357-1380 F: (252) 357-2251	Hertford Co. P: (252) 862-4054 F: (252) 862-4263	Pasquotank Co. P: (252)338-4490 F: (252) 337-7921	Perquimans Co. P: (252) 426-2100 F: (252) 426-2104
---	---	---	--	--	---	--	---