



Wastewater Application Instructions

All information on the Application and Site Plan must be completed before the application is processed. **Incomplete applications and site plans will be returned to the applicant and the service will be postponed until completed.** The information requested on the application is required by state regulations and is necessary to design the wastewater system.

An Environmental Health Specialist will be available, if requested, between the hours of 8:00 am – 9:00 am to answer any questions you have regarding the application and site plan. If you are unsure of your plans, you should bring your application to the MTW District Health Department in your county for the Environmental Health Specialist to review. Applications are processed in the order they are received with payment. The property boundary corners and home should be clearly marked (flagged) and the lot sufficiently cleared in order for the Environmental Health Specialist to perform the evaluation. Insufficiently marked or cleared lots will cause a delay in processing your application and will require an additional return visit fee. Our goal is to process your application in a timely manner. Providing us with a complete application and site plan will help us process your request in an appropriate manner.

If you have questions or comments regarding the application, please call one of our Environmental Health Specialist at:

Martin County

Gene Raynor – 252-793-1628

Tyrrell County

Sam Brickhouse – 252-793-1760

Washington County

Mitchell Patrick – 252-791-3107

- Survey plat to scale* submitted
- Scaled* site plan submitted
- Unscaled site plan submitted
- * scale of 1" = no more than 60'

Martin-Tyrrell-Washington District Health Department
Application for
Improvement Permit and/or Authorization to Construct

___ Improvement Permit

___ Authorization to Construct

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 Name** _____ **Address**

Phone _____

_____ **Owner Name** _____ **Address**

Phone _____

PROPERTY INFORMATION date originally deeded & recorded _____

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

Directions to Site: _____ **Lot Size** _____

DEVELOPMENT INFORMATION

Residential Specifications

- | | |
|---|---|
| <input type="checkbox"/> New Single Family Residence
<input type="checkbox"/> Expansion of Existing System
<input type="checkbox"/> Repair to Malfunctioning Sewage Disposal System
<input type="checkbox"/> Non-Residential Type of Structure | Maximum number of bedrooms/occupants: ____/____
If expansion: Current number of bedrooms: ____
Will there be a basement? <input type="checkbox"/> yes <input type="checkbox"/> no
Plumbing fixtures in Basement <input type="checkbox"/> yes <input type="checkbox"/> 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):

- Accepted Alternative Conventional Innovative Other _____ Any

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.

- _____ - The dimensions of the property.
- _____ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- _____ - The site you would prefer your septic system to go in.
- _____ - The preferred driveway location.
- _____ - The proposed well location.
- _____ - A north arrow or other sufficient directional indicator.
- N/A _____ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle N/A.**
- N/A _____ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle N/A.**
- N/A _____ - The location of any easements or rights of way on the property. **If there are none, circle N/A.**
- N/A _____ - The location of any designated wetlands on the property. **If there are none, circle N/A.**

A map showing the property to be evaluated is also required.

Acceptable maps include surveys or GIS tax maps.

USE THIS SPACE TO DRAW YOUR SITE PLAN:

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.

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 _____ 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
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