

CARTERET COUNTY HEALTH DEPARTMENT
3820 Bridges St. Morehead City, NC 28557
Phone: 252-728-8499 Fax: 252-222-7753
APPLICATION

Area _____
Priority _____
Staked On-Hold _____

**Improvement Permit, Construction Authorization,
Existing System, or Private Drinking Water Well**

IF INFORMATION IS FALSIFIED, CHANGED OR SITE IS ALTERED, THE IMPROVEMENT PERMIT AND/OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. PERMIT IS VALID FOR 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED.

Type of Application(s): _____ Residential (_____ House _____ MH) _____ Multifamily
_____ Non-Residential (Type _____)
_____ New Construction _____ Repair _____ Existing _____ Expansion _____ Change of Use
_____ Private Drinking Water Well (required prior to C.A. when community water not available)

Owner Information

Name: First _____ Last _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Work Ph: _____ Mobile Ph: _____
Contact By: _____ Home Ph _____ Work Ph _____ Mobile Ph
Fax: _____ Email: _____
Organization: _____

Applicant Information If same as owner: _____ Yes

If no, complete this section and provide owners statement.

Name: First _____ Last _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Work Ph: _____ Mobile Ph: _____
Contact By: _____ Home Ph _____ Work Ph _____ Mobile Ph
Fax: _____ Email: _____
Organization: _____

Parcel Location

Parcel ID: _____
Address: _____ City: _____
Subdivision: _____
Lot _____ Block _____ Section _____ Phase _____ # of Acres _____

Improvement Permit Requested: (only for New Construction, Expansion, Change of Use)

_____ 5 years: Site plan only
_____ Indefinite: Plat required showing proposed structures and appurtenances, and proposed system and repair.

If applying for Authorization to Construct: Indicate order of desired system types

_____ Conventional (Includes Accepted Systems) _____ Alternative _____ Innovative _____ Other

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Complete only for type that applies to request:

Single Family: _____ #Bedrooms _____ #Occupants _____ Square Footage

Multi-Family: _____ # Buildings _____ Units/Building _____ #Bedrooms/Unit _____ #Occupants/Bdrm.

Non-Residential: Type Facility _____ (see supplement to application)

Information required: _____

Proposed Water: _____ Private Well (permit required after July 1) _____ Shared Well

_____ Municipal _____ Community

Applicant must inform Local Health Department if any of the following apply and attach supporting documentation.

Check all that apply:

_____ Previous permit evaluation or denial

_____ Zoning approval

_____ Wastewater, other than domestic

_____ Existing well on property

_____ Site subject to approval by other public agency

_____ Existing septic tank system

_____ Designated wetlands

_____ Stump holes/buried debris

Proposed Existing

Comments

_____	_____	Additional structures on property _____
_____	_____	Buried Utility Lines _____
_____	_____	Underground Fuel Tanks _____
_____	_____	Slab foundation _____
_____	_____	Crawlspace foundation _____
_____	_____	Garbage grinder _____
_____	_____	Swimming pool _____
_____	_____	Water lines _____
_____	_____	Right of ways _____
_____	_____	Easements _____
_____	_____	Grading or soil removal _____
_____	_____	Basement with plumbing _____
_____	_____	Basement without plumbing _____

Additional Information: _____

I have read this application and certify 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 staking of all property lines and corners and making the site accessible so a complete site evaluation can be performed.

Property owner's (or authorized agent) signature (REQUIRED) _____

Date _____

Brochure received _____

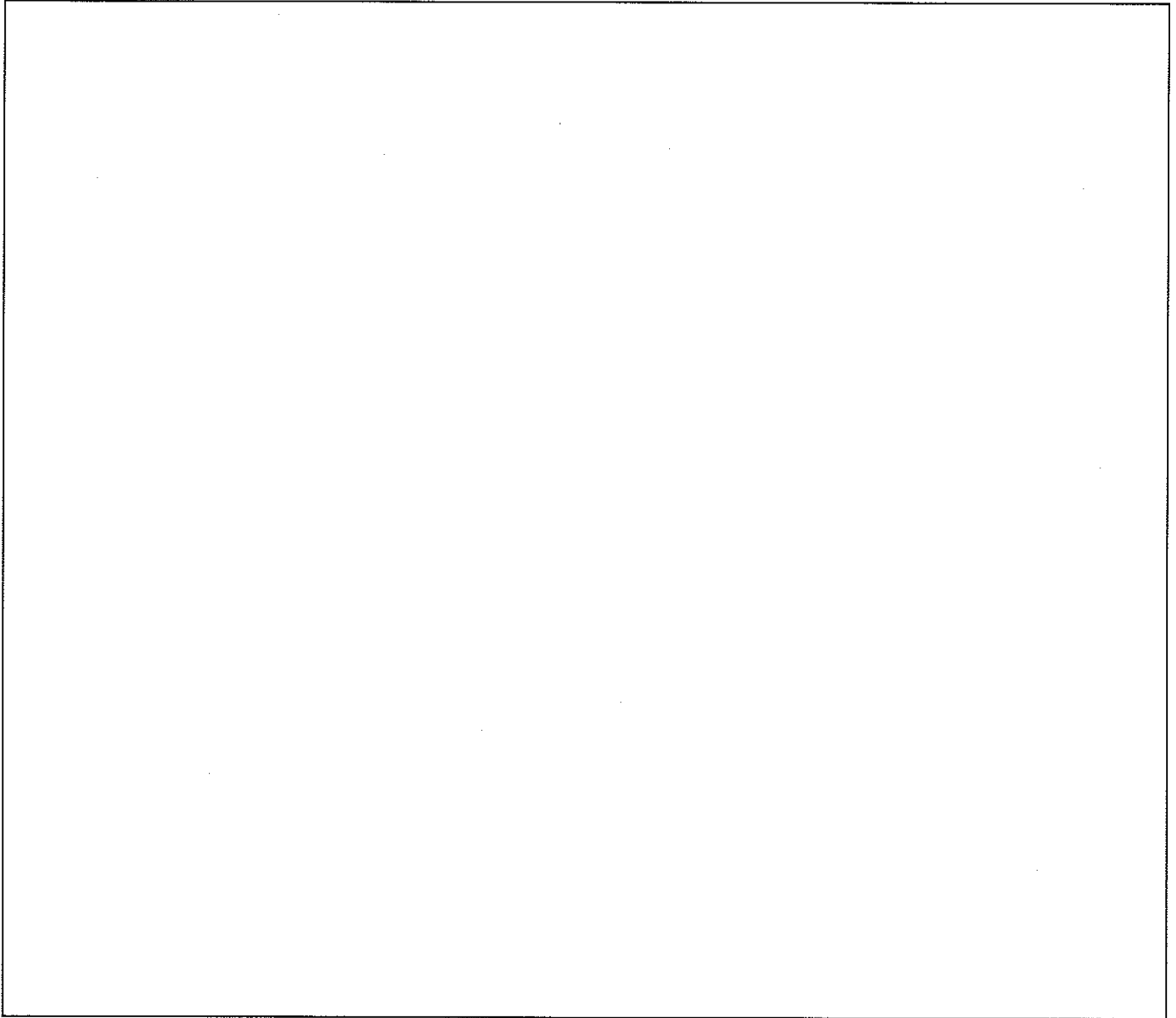
**Application will be returned after sixty (60) days if site has not been made accessible and staked within that period.

Carteret County Health Department
SITE SKETCH

Current Land Owner's Name

Property Location

Pin# (Parcel Identification Number-15 digits)



**A survey or other plot plan in *ink* (not pencil)
may be used as an attachment to the application.**

It would need to show shape of lot, lot dimensions, structure location with dimensions and setbacks, driveway, and proposed or existing septic system and water source location.

Owner/Applicant Signature

Date

HOMEOWNERS INTERVIEW FORM

Name: _____ Date: _____

Address: _____ Phone (H) _____

_____ (W) _____

Date Septic System Installed _____ Installer _____

Date Last Pumped / Cleaned _____ Pumper: _____

1. Number of people living in house: _____ (Adults _____) (Children _____)
2. What is your average daily water usage? _____
3. Do you have a garbage disposal? _____ Yes _____ No
How often do you use it? _____
4. How often do you have the septic system pumped? _____
5. Do you have a dishwasher? _____ Yes _____ No
How often do you use it? _____
6. Do you have a clothes washer? _____ Yes _____ No
How often do you use it? _____
7. Do you have a water softener or water treatment system? _____ Yes _____ No
Where does it drain? _____
8. Do you use an "in the tank" toilet bowl sanitizer? _____ Yes _____ No
9. Does any family member use a "long term" prescription drug, antibiotics or chemotherapy? _____ Yes _____ No (What kind? _____)
10. Are any household cleaning chemicals poured down the drain? _____ Yes _____ No
What kinds? _____
11. Are any chemicals (paints, thinners, etc.) disposed of down the drain? _____ Yes _____ No
What kinds? _____
12. Have any new water using fixtures been added since the septic system was installed?
_____ Yes _____ No What kinds? _____
13. List all plumbing fixtures other than sinks, lavatories, bath/showers and toilets (such as spas, whirlpools, swimming pools, etc.)
14. Has any site work been done to the house since system was installed such as underground roof gutter drains, basement/foundation drains, landscaping, etc.? _____ Yes _____ No
Describe: _____
15. Are there any underground utilities on your property? _____ Yes _____ No
Check which type: _____ Power _____ Phone _____ Cable _____ Gas _____ Water
15. Describe what happens when you are experiencing problems with your septic tank system:

16. When did you first notice the problem? _____
17. Does the problem seem to be linked to a specific event (washing clothes, heavy rains, etc.)

CARTERET COUNTY ADVISORY FORM

Owner: _____

Owner's Phone: _____

Owner's Mailing Address: _____

Agent: _____

Agent's Phone: _____

Site Address: _____

Parcel Identification Number (PIN): _____

Local Government Jurisdiction: _____

Proposed Development: _____

I understand that application for septic evaluation does NOT grant approval for development. I understand that it is my responsibility to contact the local jurisdiction to determine if the proposed development is allowed.

I have received the contact numbers and addresses for governmental agencies of the local jurisdictions and other government agencies that I may need to contact prior to any land disturbance.

I understand as agent it is my responsibility to provide a copy of this information to the owner/prospective buyer.

Signature of Owner

Date

Signature of Agent

Date

***** Contact information for governmental agencies on back *****



CARTERET COUNTY HEALTH DEPARTMENT

3820 Bridges Street, Suite A, Morehead City NC 28557

J.T. Garrett, Ed. D., M.P.H.

OWNER'S STATEMENT

TO: The Environmental Health Division

SUBJECT: Authorization for Representation and Permission to Access Property

I, _____, hereby authorize _____ to act as my representative in the process of application for an on-site wastewater system permit for the property listed below:

Location: _____ PIDN # _____

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please advise.

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Owner's Signature: _____ Date: _____

APPEALS AND OTHER ALTERNATIVES

If your property is found to be unsuitable for an Improvement Permit, you will receive a letter of denial.

You have the right for a review of your property by the Environmental Health Program Specialist. You also have the right for a review by the Regional Soil Scientist from the Department of Environment and Natural Resources.

Depending on the soil conditions, you may be offered the option of the test well monitoring program.

You may choose to utilize the services of a private consultant for studies to present documentation for further review by our office.

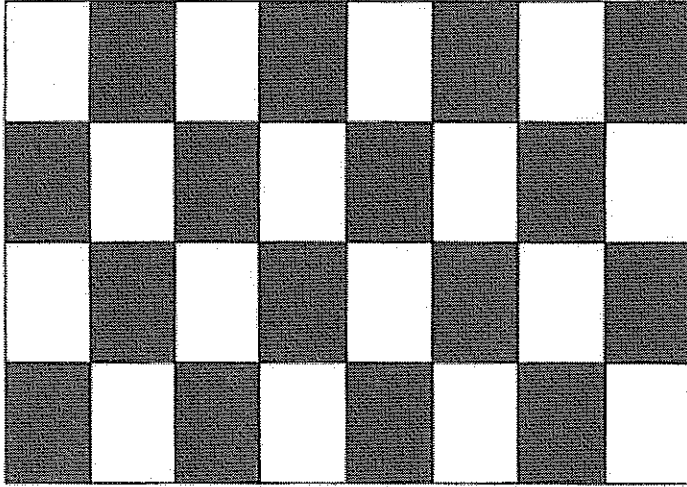
You also have the right of filing an administrative appeal with the N.C. Office of Administrative Hearings. Petition forms are available at the Environmental Health office upon request.

When all options have been exhausted, you may request a property tax reduction with the Carteret County Tax

Office.

Path Clearing Diagram for a Typical Lot

100' X 200'



Clear paths approximately 3-4 feet wide every 25 feet throughout the entire property

Application and Permit Process for New Systems, Existing Systems and Repairs



Carteret County Health Department
Environmental Health Division
3820 Bridges Street, Suite A
Morehead City NC 28557
(252) 728-8499
Fax (252) 222-7753

INTRODUCTION

Welcome to the Environmental Health Division of the Carteret County Health Department. The Environmental Health Division pledges to fully cooperate with the property owner in their efforts to obtain all required permits.

This brochure was developed to insure that each applicant receives consistent and accurate information regarding the permit process. Office hours are 8:00am to 5:00pm Monday through Friday. The office is located at 3820 Bridges Street, Suite A, Morehead City. The phone number is (252) 728-8499 and fax is (252) 222-7753

For your convenience, applications can be taken at the Western Carteret Office which is located at 701 Cedar Point Blvd., Cedar Point. Office hours are 1:00pm to 2:00pm, Monday and Wednesday. The phone number is (252) 393-1238 and fax is (252) 393-3205.

FEES ARE NOT REFUNDABLE

NEW SYSTEMS

First, you will need to complete an application for an Improvement Permit diagramming the property dimensions and the location of all structures and driveways. Owner's statement required allowing access to property.

Second, you will need to notify the Environmental Health Division when:

- property lines are marked and clearly visible;
- the house corners are staked;
- paths are cleared to allow complete access to the lot. Paths should be cleared at 25' intervals to allow complete access so that your property can be evaluated. See Diagram on Back of Brochure.



Your application will be kept on hold for sixty (60) days.

After a site evaluation has been completed your property will be classified:

- A. Suitable—Improvement Permit issued.
- B. Provisionally Suitable—an Improvement Permit will be issued with site modification requirements.
- C. Unsuitable—a letter of denial with all possible alternatives will be issued.

EXISTING SYSTEMS & REPAIRS

First, complete application with property dimensions, location of all structures, drives, septic tanks, well, waterlines and drainlines. Owner's statement required allowing access to property.

Second, you will notify the Environmental Health Division when you have:

- clearly staked off property lines and location of new structure including decks & porches;
- stake well & waterline;
- Locate the septic tank, drainlines and grease trap. In some cases, you may need to remove the dirt off of the distribution box and/or septic tank (DO NOT REMOVE LID).

Your application will be kept on hold for sixty (60) days.

NOTE: A re-inspection fee of \$30 is required if the lot is not properly cleared and/or staked.

To insure that you are aware of other permitting requirements, we recommend that you contact the following agencies: Inspections & Planning, U.S. Army Corps of Engineers, CAMA, Benchmark, Division of Water Quality,