

Toe River Health District - Environmental Health Section

Avery County Health Dept.
545 Schultz Circle
Newland, NC 28657
828-733-6031
AveryEH@toeriverhealth.org

Mitchell County Health Dept.
130 Forest Service Dr., Suite A
Bakersville, NC 28705
828-688-2371
MitchellEH@toeriverhealth.org

Yancey County Health Dept.
202 Medical Campus Drive
Burnsville, NC 28714
828-682-3003
YanceyEH@toeriverhealth.org

Instructions for Completing Improvement/Authorization to Construct Septic System and Well Permit Application

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items listed below be completed prior to the site visit. By completing these items in advance it reduces the time on site and the need for return visits.

****NOTE: IF THESE ITEMS ARE NOT COMPLETED AND A SITE VISIT IS MADE, A REVISIT FEE OF \$100.00 WILL BE ASSESSED.**

- Q 1. I have completed the "Application for a Well Permit" and/or an "Application for Improvement/Authorization to Construct."
- Q 2. I have completed the Site Plan Worksheet showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible.
- Q 3. A survey or GIS tax map with boundaries is required.
- Q 4. I have marked all property corners and boundaries.
NC Statute 15A NCAC 18A.1937(d): The applicant shall identify property lines and fixed reference points in the field.

****NOTE: All property corners, lines and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.**

- Q 5. I have staked all proposed structures in their exact location on the site, including driveway.
- Q 6. I have located all wells, springs and surface waters on the property.
- Q 7. I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
- Q 8. I understand that no grading shall be performed before issuance of permit.
- Q 9. I understand that if above items are not completed, and a site visit is made, I WILL BE ASSESSED A \$100.00 REVISIT FEE.

PLEASE COMPLETE THE ABOVE ITEMS BEFORE CALLING TO SCHEDULE A MEETING ON THE SITE WITH OUR ENVIRONMENTAL HEALTH SPECIALIST.

If you have questions, please feel free to call between the hours of 8:00 a.m. and 9:00 a.m. Monday - Friday.

Avery County - 828.737.6054 Mitchell County - 828.688.1214 Yancey County - 828.682.1929

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation prior to scheduling an appointment.

Signature

Date

**Toe River Health District - Environmental Health Section
Application for Septic Improvement Permit and/or Authorization to Construct**

Improvement Permit

Authorization to Construct

If the information provided in this application is falsified, changed or the site is altered, then this Improvement Permit and Authorization to Construct Application becomes 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	_____ Address	_____ Home & Work Phone
_____ Owner	_____ Address	_____ Home & Work Phone

Property Information: Parcel Identification Number (PIN): _____

_____ Street Address	_____ Subdivision Name	_____ Section/Phase/Lot#
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Directions to Site: _____

Development and/or Residential Information and Specifications:

(Please read carefully & provide complete, accurate information.)

New Single Family Residence

Maximum number of bedrooms: _____	Will there be a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square footage of residence: _____	Plumbing fixtures in basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum number of occupants: _____	

Expansion of Existing System:

If expansion, current number of bedrooms: _____ Total number of bedrooms with expansion: _____

Addition to Structure Requiring Building Permit: Total number of bedrooms: _____

Repair to Malfunctioning Sewage Disposal System: Number of bedrooms: _____

Verification of Existing Septic System: Total number of bedrooms: _____

Non-Residential Type of Structure

Type of business: _____	Maximum number of employees: _____
Total square footage of the building: _____	Maximum number of seats: _____

Water Supply: New Well Existing Well Community Well Public Water Spring

Are there any existing wells, springs or water lines on this property? Yes No

If applying for Authorization to Construct, please indicate desired system type(s). Systems can be ranked in order of your preference.

Any Accepted Alternative Conventional Innovative Other _____

Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "Yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any existing wastewater systems
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any easements or right of ways on this property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any grading, removal or addition of soil been done to this property? (Please describe on back.)

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 Property Owner or Owner's legal representative** (required)	_____ Date
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**** Must provide documentation to support the claim as owner's representative.**

<input type="checkbox"/> Cash <input type="checkbox"/> Check _____	<input type="checkbox"/> Credit Card	Amount \$ _____	Date: _____	Staff: _____
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Toe River Health District - Environmental Health Section

Site Plan Worksheet

Please check (Ü) each item that has been indicated on your site plan.
Incomplete plans will be returned to you for completion.

Your property will not be scheduled for an evaluation until we have received a completed application, site plan, all proposed items are marked on the property and payment of application fee.

- 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 of the 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.
- Any proposed structures or improvements to the property such as garages, workshops, pools, etc.
- The location of any existing septic tank systems and wells on your property and on the adjoining property within 100 feet of your property line.
- The location of any easements or rights of way on the property.
- The location of any designated wetlands on the property.

If you have questions, please feel free to call between 8:00 a.m. and 9:00 a.m. Monday - Friday.

Avery County	828-737-6054
Mitchell County	828-688-1214
Yancey County	828-682-1929

You can obtain a “site map” and/or PIN# by going to the Yancey/Mitchell/Avery County Mapping Office. You can also print a site map and get your PIN# from the GIS website for your county.

USE THE SPACE BELOW OR A SEPARATE PIECE OF PAPER TO DRAW YOUR SITE PLAN.

Health Department Use Only:

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

Toe River Health District
Environmental Health Section

Well and/or Septic Sample Site Plan

Providing complete and accurate information on your site plan is critical and will assist us in efficiently evaluating your site.

This example was prepared to assist you in drawing your own site plan.

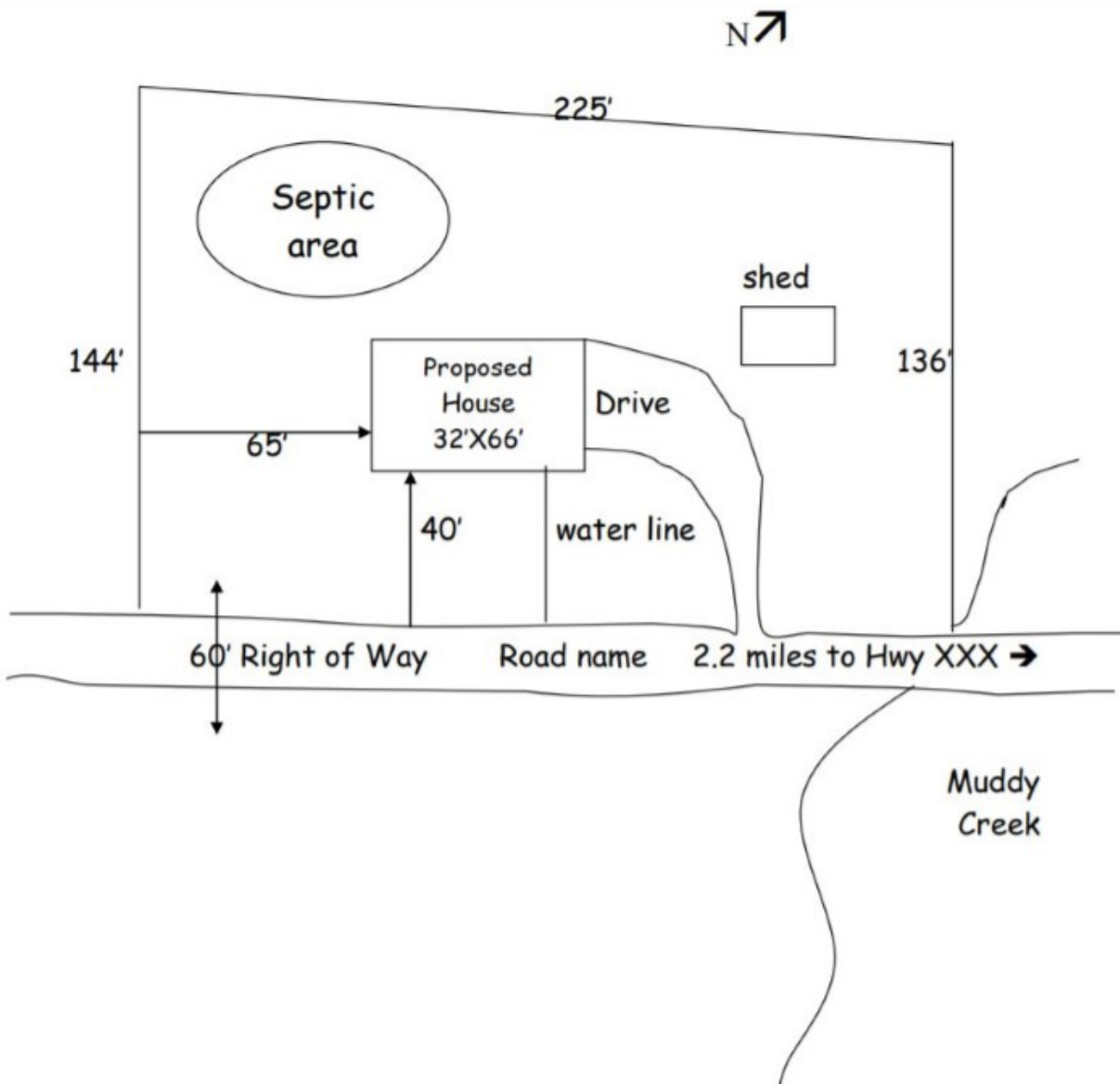
Without your site plan we cannot perform the site evaluation.

If you have any questions, please contact your local health department:

Avery County
828.737.6054

Mitchell County
828.688.1214

Yancey County
828.682.1929



**YANCEY COUNTY WATERSHED PROTECTION PERMIT
APPLICATION**

I, the undersigned, do hereby make application to Yancey County, NC for a Watershed Protection Permit for the property described below should it be within the boundaries of the Yancey County Watershed.

**Type of development: Private Home _____ Commercial Operation_____

Other type of development project _____

**Total Property Acreage: _____ ** PIN # _____

Total Built-upon Area _____

% of Total Property Acreage Proposed to be Built Upon Area. _____.

** APPLICANT: Name _____

** Mailing Address _____

** PHONE # _____ ** Email Address _____

Authorized Agent, if different from Applicant:

Name(s) _____ Email _____

Mailing Address _____

Phone _____

Legal Property Owner(s), if different from Applicant:

Name(s) _____ Email _____

Mailing Address _____

Phone _____

*** _____
Signature of Applicant

*** _____
Date

The above property is in the Yancey County Watershed: YES NO

Signature of County Official

Date

YANCEY COUNTY BUILDING INSPECTIONS

FLOODPLAIN DEVELOPMENT PERMIT APPLICATION

**Date: _____ Permit Number: _____

Received by: _____ ** Property Identification Number (PIN) _____

** Location of Property: _____

** NAME OF PROPERTY OWNER _____

**Type of Development:

- Excavation Fill Grading Utility Construction Road Construction
 Residential Construction Nonresidential Construction Addition Renovation
 Other (specify): _____

**Size of Development: Single Family Home Multiple Home Development Other _____

FIRM Data: Map Panel No: _____ Suffix _____ Map Panel Date: _____ Map Index Date: _____

Flood Zone: _____ COBRA Zone: _____

Regulatory Floodway Info: (Check correct option below)

- Inside Regulatory Floodway Outside Regulatory Floodway No Regulatory Floodway

Development Standards Data:

1. If Inside Regulatory Floodway is checked above, attach engineering certification and supporting data as required.
2. Base flood elevation (BFE) per FIRM at development site _____(NGVD).
3. Regulatory flood elevation at development site (BFE + locally adopted freeboard): _____(NGVD).
4. Elevation in relation to mean sea level (MSL) at or above which the lowest floor (including basement) must be constructed _____(NGVD).
5. Elevation in relation to mean sea level (MSL) at or above which all attendant utilities to include, but not limited to, all heating, air conditioning and electrical equipment must be installed _____(NGVD).
6. Will garage (if applicable) be used for any purpose other than parking vehicles, building access, or storage? Yes No
If yes, then the garage must be used in determining the lowest floor elevation.
7. Proposed method of elevating the structure: _____
(a) If foundation wall is used - provide minimum of 2 openings
(b) Total area of openings required: _____ (1 sq. inch per sq. foot of enclosed footprint area below BFE)
8. Will any watercourse be altered or relocated as a result of the proposed development? _____
If yes, attach a description of the extent of the alteration or relocation.
9. Floodproofing information (if applicable):
Elevation in relation to mean sea level (MSL) to which structure shall be flood proofed _____ (NGVD).

CONTINUED ON PAGE 8
Applicant fill in ** items only

FLOODPLAIN DEVELOPMENT PERMIT APPLICATION (continued from page 6)

Applicant Acknowledgment:

I the undersigned understand that the issuance of a floodplain development permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I also understand that prior to occupancy of the structure being permitted, an elevation and/or floodproofing certificate signed by a professional engineer or registered land surveyor must be on file with the **YANCEY COUNTY HEALTH DEPARTMENT** indicating the "as built" elevations in relation to mean sea level (MSL).

Print or Type Name of Applicant

Print or Type Name of Agent

Signature of Applicant & Date

Signature of Agent & Date

Address & Telephone Number

Address & Telephone Number

Foundation Inspection Date: _____

Inspector: _____