



THIS IS NOT A PERMIT  
**CATAWBA COUNTY HEALTH DEPARTMENT**  
 Application for Environmental Services

- Improvement Permit  Authorization to Construct  Septic Repair  Septic Malfunction   
 Septic Expansion  New Well Permit  Replacement Well  Well Abandonment   
 Well Repair  Existing System Inspection (Pre-Approval Required)

Application is for New Construction  Existing Facility

Property Address \_\_\_\_\_ Subdivision \_\_\_\_\_  
 \_\_\_\_\_ Lot # \_\_\_\_\_ Acres \_\_\_\_\_  
 Section/Block/Phase \_\_\_\_\_

Driving Directions to Property \_\_\_\_\_  
 \_\_\_\_\_

NAME TO APPEAR ON PERMIT?  Owner  Applicant  Contractor

**Applicant Contact Information**

Name	
Address	
Phone	Cell Phone

**Owner Contact Information**

Name	
Address	
Phone	Cell Phone

**Contractor Contact Information**

Name	
Address	
Phone	Cell Phone

**WHO WILL BE THE PRIMARY CONTACT?**  Owner  Applicant  Contractor

Description of Existing Structures on Site \_\_\_\_\_  
 # of Bedrooms \*† \_\_\_\_\_ Structure Dimensions \_\_\_\_\_ # of Occupants \_\_\_\_\_  
 Basement  Yes  No Basement Fixtures  Yes  No

The 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.

- Yes  No Does the site contain any jurisdictional wetlands?  
 Yes  No Does the site contain any existing wastewater systems?  
 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?  
 Yes  No Are there any easements or right of ways on this property? Describe \_\_\_\_\_

Existing water supply in use  Individual Well  Community Well  Semi-Public Well  
 County/City/Township Water Line Is a public water supply available? \*\*  Yes  No

**If applying for an Improvement Permit or Authorization to Construct, Please Indicate Desired System Type(s):**

(systems can be ranked in order of your preference)

- Accepted  Alternative  Conventional  Innovative  Other \_\_\_\_\_  Any



**Proposed Facility Type**

**Primary Residence**  New Residence  Addition to Residence # of New Bedrooms \*† \_\_\_\_\_  
 Project Description \_\_\_\_\_  
 Structure Dimensions \_\_\_\_\_ # of Occupants \_\_\_\_\_  
 Basement  Yes  No Basement Fixtures  Yes  No

**Accessory Structure(s)** Describe \_\_\_\_\_  
 # of New Bedrooms \*† if applicable \_\_\_\_\_ Structure Dimensions \_\_\_\_\_  
 # of Occupants \_\_\_\_\_ Accessory Dwelling  Yes  No  
 Plumbing  Yes  No Describe Plumbing Needed \_\_\_\_\_

**Multi-Family Residence** # Units \_\_\_\_\_ #Bedrooms per Unit\*† \_\_\_\_\_  
 Total # Bedrooms \*† \_\_\_\_\_ Structure Dimensions \_\_\_\_\_

**Food Service** Specify Type \_\_\_\_\_  
 # Seats \_\_\_\_\_ Floor Space -Entire Food Service Facility (Sq Ft) \_\_\_\_\_  
 # Employees per Shift \_\_\_\_\_ # of Shifts \_\_\_\_\_ Dining Area (Sq. Ft.) \_\_\_\_\_

**Business** Specific Type of Business \_\_\_\_\_ Retail Floor Space \_\_\_\_\_  
 # of Employees per Shift \_\_\_\_\_ # of Shifts \_\_\_\_\_

**Other Facility** Type Specify \_\_\_\_\_  
 If Church # of Seats \_\_\_\_\_ Kitchen  Yes  No If Daycare Specify Occupancy \_\_\_\_\_

**Application for Well Construction/Abandonment/Repair**

Proposed Well Type  Individual Well  Semi-Public Well  Community Well  
 Abandonment Type  Drilled  Bored  Dug  Unknown  
 Well Repair Requested  Yes  No Describe \_\_\_\_\_

Calculated Design Flow, Commercial † \_\_\_\_\_ **Additional information may be required to determine design flow from certain facilities. This value will be determined during consultation with on-site staff.**

\*Any room that will be intended for sleeping at the time of construction or for future consideration should be noted as a bedroom and counted on all applications. The number of bedrooms will be confirmed by rooms identified on house plans as a bedroom at the time of building permit issuance. This may prevent the need for septic system size increase in the future.

† If structure is plumbed but no bedrooms, calculated design flow is required.

\*\* If No, a well permit must be issued with the Authorization to Construct.

**SYSTEM REDESIGN AND/OR RETRIP WILL INCUR AN ADDITIONAL CHARGE (SEE FEE SCHEDULE)**

Improvement Permits issued as a result of this information are valid for 5 years or may be non-expiring under certain specified conditions. An Authorization to Construct issued by this department is valid for (5) five years from the date issued and is not transferable; Improvement Permits and Well Permits are transferrable. Permits may be revoked if the information on this application, site plans or intended use changes for the proposed facility.

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 Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Owner or Agent \_\_\_\_\_