



Pamlico County Health Department
 Division of Environmental Health
 PO Box 306
 Bayboro, NC 28515
 252-745-5634 Fax: 252-745-7684

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE
Or Expiration Date of Improvement Permit

Improvement Permit # _____ Map # _____ Receipt # _____
 Address: (911 Address Required): _____
 Mailing Address: _____
 Subdivision Name: _____ Lot #: _____

AUTHORIZATION CONDITIONS

1. Wastewater system constructions and installation must meet all conditions and specifications as set forth in Improvement No. _____, and the attached site plan with system details. Construction and installation must also meet all requirements set forth in the rules governing sanitary sewage collection, treatment, and disposal and any other applicable rules and laws. ***If drainage or fill requirements are specified on improvement permit, they must be made and inspected by this health department prior to construction authorization issuance and system installation.***
2. The wastewater system shall not be covered or placed into use until inspected by the Pamlico County Health Department and an Operation Permit is issued. Any electrical components shall be inspected by the Building Inspector prior to Operation Permit issuance and the system being placed into use.
3. Any alteration in site or soil conditions (including location, structures and appurtenances) or modification in use, design wastewater flow, or wastewater characteristics as specified in the associated Improvement Permit and Application, may subject this Authorization and associated Permit(s) to revocation. **Such alterations may result in the need of a site visit by this department resulting in an additional application and associated fee(s). _____ initials.**
4. Improvements Permit and Authorization to Construct must be on-site during inspection.
5. Other Conditions/Alternative Trench System Request:

OWNER CERTIFICATION

I certify that there have been no alterations in site (which may include change in home location, driveways, or water supply – i.e. well vs. public water supply) or soil conditions or modifications to facility, wastewater flow, or wastewater characteristics from those specified in the original application or associated Improvement Permit unless authorized in writing by the Pamlico County Health Department. I also understand that any such alterations, modifications, or false information are grounds for revocation of Permits and Authorization to Construct.

_____ Signature of Owner/Owner's Representative	_____ Date
_____ NCDENR Authorized Agent	_____ Date