



Pamlico County Health Department

203 North Street

PO Box 306

Bayboro, NC 28515

Tel: (252) 745-5111 Fax: (252) 745-7684

County Health Director: Scott D. Lenhart



Application for a Septic System Repair Improvement Permit/Construction Authorization

Other Federal, State, and/or local agencies may have laws, rules and /or ordinances that affect the use of your property. You must comply with those laws, rules, and ordinances before building, locating or relocating a structure onto your property.

Map ID: _____

Application Date: _____

Applicant

Name: _____

Address: _____

City/state/zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Owner

Name: _____

Address: _____

City/state/zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Emergency 911 address of property to be evaluated: _____

Provide specific directions to the property to be evaluated:

Type of Map Submitted: (check one)

____ Survey Plat by a registered land surveyor

____ Site Plan-drawing prepared by owner

Residential: (check one)

____ Single-Family Residence with ____ bedrooms and ____ people living in the home

____ Mobile home with ____ bedrooms and ____ people living in the home

Business or other Non-Residential Use: (check one)

Type of Business (describe) _____

Other (describe): _____

Please Indicate Desired System Type(s):

(systems can be ranked in order of your preference)

____ Accepted ____ Alternative ____ Any Type ____ Conventional ____ Innovative
____ Other (describe) _____

Please check the following questions regarding the property to be evaluated:

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 this facility subject to approval by another public agency? yes no

Are there any easement(s), right-of-way(s), encroachment(s), and/or declaration(s) or restrictive covenant(s) on this property? yes no

Will your property have storm water control measure device(s)/management structure(s)? yes no

Are there any wells, springs, or existing water lines on this property? yes no

If you answered "yes" to any of the questions, please explain and provide additional information _____

Applications will be returned to applicant if found to be incomplete, sites are not accessible for evaluation and/or property lines are not properly identified. It is advised that the applicant or his representative contact a Utility Locator Service prior to beginning excavation on any site.

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 evaluations and 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, corners, including applicable legal agreements (easements, right-of-ways, etc.), and the proposed facilities/structures in accordance with the submitted site plan or plat. I understand that I am responsible for making the site accessible so that a complete evaluation can be performed.

If not the property owner submitting the application, this IP application must be accompanied by an owner's legal representative letter.

Signature of property owner or owner's legal representative (required) Date

Print name _____

Signature of Pamlico Co. Health Dept. Employee (Witness)