PIN#_____ For Office Use Only Permit #_____ CDP# _____

TOE RIVER HEALTH DISTRICT
Avery & Mitchell County
Health Departments

Application for Services
Septic System Repair Application

Applicant:_____	Owner:_____
Mailing Address:_____	Mailing Address:_____
City:_____	City:_____
State:_____ Zip:_____	State:_____ Zip:_____
Phone#_____	Phone#_____
Email:_____	Email:_____

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	☐ No	Does the site contain any jurisdictional wetlands?
☐ 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?
☐ Yes	☐ No	Has 811 been contacted and identified any underground utilities on the property? If yes, please list Ticket reference number: _____ Visit by Date: _____

Property Address:

_____	_____	_____	_____	_____
Road (if no number please put TBD)	City	Subdivision	Section/ Phase/ Lot #	Acres

Water Supply: ____ New Well _____Existing Well _____Community Well _____Public Well ____Spring
Are there any existing wells, springs or water lines on this property? _____Yes ____No

Please include any copies of septic permits applicable to this site.

_____ _____
Signature of Property Owner or Owner's Legal Representative **Date**

No Charge for Septic Repair Applications

Failing System Questionnaire:

Name: _____
Address Of Failure: _____
Original Owner: _____ **Year Of Install:** _____
Number of Bedrooms: _____ **Number of Residents:** _____
Type of Water source: ⬜ Public ⬜ Private Well ⬜ Shared Well
Are you currently working with a septic installer? ⬜ Yes ⬜ No
If yes, Name: _____ **Phone:** _____

	Yes	No	Not Sure
Is your septic system backing up into your residence?			
Is your septic tank above working level?(i.e. tank is ***completely*** full and/or coming up into the home).			
Is wastewater surfacing at the tank?			
Is wastewater surfacing at the drain lines?			
Is wastewater within 3" of ground surface more than 24 hours after a rainfall event?			
Do you have an in-home business/ home school?			
When was the last time you had the tank pumped?			
How often do you have your tank pumped?			
Do you have any plumbing fixtures that are leaking?			
Do you have a garbage disposal?			
Is this a vacation rental property? How many renters are advertised to be allowed to sleep at this residence?			
Is the tank (risers/lids) currently accessible?			
Do you have a whirlpool /jacuzzi? Does it drain into the septic system?			
Do you have a laundry machine? How many loads per day and/or week?			
Do you have stormwater diversion on the property? If yes, where?			

Additional Notes:

_____

TOE RIVER HEALTH
AVERY & MITCHELL

ENVIRONMENTAL HEALTH SECTION
PROPERTY OWNER CONSENT FORM

I, _____, am the legal owner(s) of the property located at
Owner's Name – Please Print

_____
Property Address

Identified as Parcel Identification Number(PIN)_____

located in ☐ Avery County ☐ Mitchell County

I do hereby authorize:

_____
Legal Representative – Please Print

To act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) / Authorization to Construct (CA)
- Improvement Permit (IP) / Authorization to Construct (CA)
- Application for soil-site evaluation
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Department of Environmental Health.

I can be contacted at (phone number): _____by the Health Department Environmental Health Services staff prior to a scheduled appointment with my agent.

_____ _____
Owner Signature Date

Applications for permits require the signature of applicant and owner (15A NCAC 18E .0202 (h)(9)) Along with this form, they can submit any of the following documents to designate their legal representative:

- **Power of Attorney**
- **Real Estate Contract**
- **Estate Executor**
- **Bankruptcy Trustee**
- **Court Ordered Guardianship**

TOE RIVER HEALTH
AVERY & MITCHELL

Instructions for Applicant

In order to make the best use of your time and assist the staff in completing applications quickly, we ask that the items lisited below be completed prior to a visit. Completing these items reduces the time on site and the need for return visits. We appreciate your cooperation. ****Please be advised that a revisit fee may be assessed if a site visit is made and items are not completed. The revisit fee will be based on the current fee schedule.**

1. ____ I have completed the “Application for Septic System Repair”
2. ____ I have provided a survey or GIS tax map of the property.
3. ____ I have marked all property corners and boundaries.
   **** Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.**
   The applicant shall identify property lines and fixed reference points in the field.
4. ____ I have located all wells, springs, and surface waters on the property or within 50 feet of the property.
5. ____ I have completed the Site Plan Form, showing all property lines with dimensions, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible including a north arrow or other sufficient directional indicator
6. ____ I have cleared undergrowth on the property so that there is visibility for at least 50 feet from any one location.
7. ____ I understand that if the above items are not completed, and a site visit is made, I may be assessed a revisit fee.
8. ____ ***The location of any easements, rights-of-way on the property, or setbacks due to covenants and restrictions.***

I agree to complete the requirements listed above prior to an environmental health specialist’s visit. A CA for which a site plan is provided shall be valid for 60 months from the date of issuance.

Your application will be valid for a period of twelve months from the date of receipt. After twelve months, the application is void.

_____ _____

Signature Date

Avery County Health Dept. 545 Schultz Circle
Newland NC 28657
828-737-6059

Mitchell County Health Dept. 130 Forest Service Dr. Ste D
Bakersville, NC 28705
828-688-5067

Site Plan

Instructions To Applicant: The environmental health specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged on the lot and drawn below with dimensions included.

**** SEE NEXT PAGE FOR EXAMPLE OF COMPLETED SITE PLAN FORM ****

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

I hereby agree that the information shown is correct to the best of my knowledge

_____ _____

Property Owner or Owner's Legal Representative (Signature Required) Date

Must provide documentation to support the claim as the owner's legal representative.

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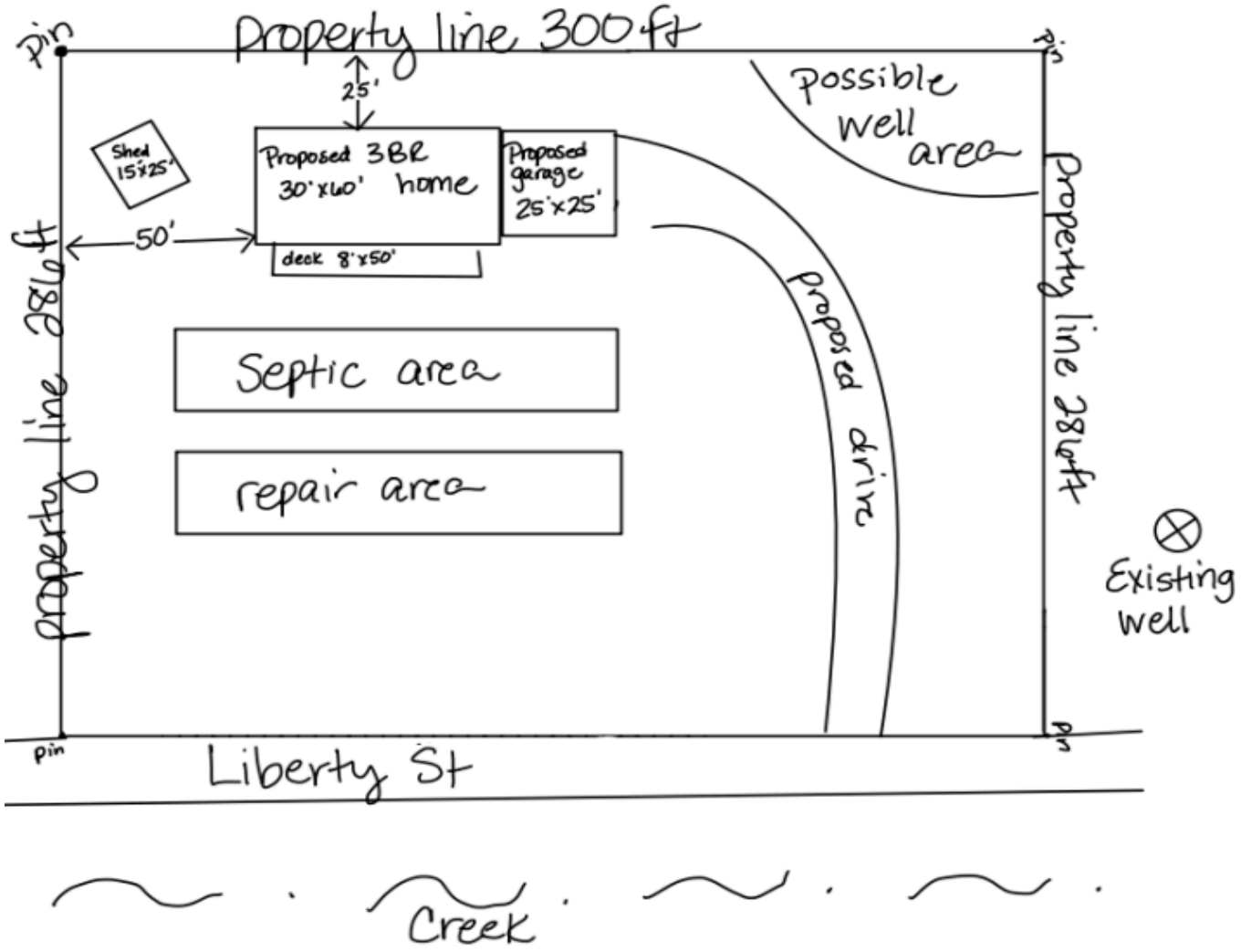
EXAMPLE SITE PLAN



Site plan must show:

- all property lines
- proposed structures including house, garage, sheds, carports, pools, etc
- proposed and existing wells and springs
- neighboring septic systems and water supplies within 50’ of property
- bodies of water such as streams, lakes, ponds, etc
- existing and proposed roads and drives

INSTRUCTIONS:
How to mark your property for a septic system Repair Permit

1. **Call 811 utility location services.**
2. **Environmental Health cannot risk conducting site work until existing utility lines are identified and marked.**
3. Find and clearly mark all property lines.
   a. Locate the **property line pins (all of them!)**
   b. Contact a surveyor to locate the pins if you cannot locate them.
   c. Expose the tops of pins and spray paint or attach a flag or ribbon to pins.
   d. Place a wooden stake next to the pins to help Environmental Health easily see them.
   e. Clearly mark **ALL** property corners.
4. **Clearly mark all easements and rights-of-way with wooden stakes**. Paint or flag these stakes with a different color to differentiate between a right-of-way and a property line.
5. **Clearly mark all property lines with wooden stakes every 50 feet** (flagging can be substituted if lot is wooded)
6. **(if applicable) Mark all the structures (to show the shape and size) you plan to build on your lot using stakes or wire flags** (exactly as you drew on your site plan) **INCLUDING:**
   a. **Your home + decks + porches + patios + pickleball court**
   b. **Both sides of your driveway** (so we know how wide it will be)
   c. **Sheds, barns, buildings**
   d. **Swimming pool**
   e. **Other accessory structures** (anything you may want one day)
7. **Walk your property, look around and VERIFY it's accessible.**
   a. **NO UNDERBRUSH, BRIARS, GRASS OR WEEDS TALLER THAN 8".**
   b. **We have to be able to see topography, slopes and property lines and property corners from all directions.**
   c. **If you can't walk it, we can't walk it and we MUST walk it!**
8. **If any part of the site marking policy is not met = possible Revisit Fee!**
9. **Review example pictures for help and CALL with questions**

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All Property
Corners Must
Be Clearly
Marked

LHD PERMIT NO. OR FILE REF: _____

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: _____, **20**_____

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____

Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

OWNER ATTESTATION

I, X , hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.