

# ON-SLOW COUNTY ON-SITE WASTEWATER SYSTEM APPLICATION

## EXISTING SYSTEM INSPECTION

NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES, ENVIRONMENTAL HEALTH SECTION, ON-SITE WATER PROTECTION SECTION	<b>TAX PARCEL ID NUMBER:</b>	<b>TYPE OF ESTABLISHMENT</b>			<b>YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION:</b>  Please show the location of the residence or building, water supply, including decks, porches, and any other improvements such as pools, driveways, and other structures on the plat. Improvement Permit issued pursuant to this application shall not be affected by change in ownership provided the site and facility the wastewater system serves are unchanged. The owner's agent shall provide written documentation of representation.  The undersigned person hereby agrees that he/she has read this application. It is understood that any permit issued hereafter are subject to suspension or revocation if the site plans or the intended use change or if information submitted in this application is falsified or changed.
		<b>RESIDENCE:</b>	<b>NUMBER OF BEDROOMS:</b>	<b>NUMBER OF OCCUPANTS:</b>	
		YES      NO			
<b>OWNER:</b>		<b>OTHER:</b>			
<b>OWNER'S ADDRESS:</b>		<b>SQ. FOOTAGE OF RESIDENCE OR BUILDING:</b>			
<b>EMAIL ADDRESS:</b>					
<b>OWNER'S DAYTIME PHONE NUMBER:</b>		<b>BASEMENT:</b>	<b>PLUMBING FIXTURE IN BASEMENT:</b>		
		YES      NO	YES      NO		
<b>OWNER REPRESENTATIVE</b>		<b>WATER SUPPLY:</b>			
		PUBLIC   PRIVATE   WELL   SPRING   OTHER			
<b>OWNER'S REPRESENTATIVE ADDRESS:</b>		<b>WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?</b>			
<b>EMAIL ADDRESS:</b>					
<b>OWNER'S REPRESENTATIVE DAYTIME PHONE NUMBER:</b>		<b>IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW THEM ON THE PLAT</b>			
<b>DIRECTIONS TO PROPERTY:</b>		<b>DESCRIPTION</b>	<b>YES</b>	<b>NO</b>	
		Any wastewater generated other than domestic sewage			
		The site is subject to approval by other public agencies			
		Wells, springs, or existing water lines			
		Designated wetlands			
		Existing wastewater systems			
<b>SUBDIVISION:</b>		Easements or right-of-way			
<b>LOT:</b>	<b>SECTION:</b>	<b>PHASE:</b>	<b>Receipt #: _____ Amt. Paid: _____</b>		
<b>SIGNATURE OF OWNER OR AGENT:</b>					
<b>DATE:</b>			<b>EnerGov #: _____</b>		
<b>PLEASE CONTACT PRIOR TO EVALUATION: _____ OWNER      _____ OWNER'S LEGAL REPRESENTATIVE</b>					

# EVALUATION PROCEDURE FOR EXISTING SEWAGE SYSTEMS

## *\*Owner, User, Agent Responsibilities\**

*We have found no record of your septic tank installation in our files. Therefore, we do not now the size of the septic tank system or what the wastewater disposal capability of the system is. In order for our staff to be as accurate as possible in determining if your existing system may be placed back in to use and what that use may be, we need your help. The following list of things which **must be completed prior to our arrival** and assessment of the existing system:*

- 1) The septic tank and/or grease trap shall be located and uncovered. This is necessary in order to ascertain the tank size, type, and condition.*
- 2) The distribution box, if one exists, shall be uncovered. This is necessary to assure equal distribution of effluent to all nitrification trenches.*
- 3) It will be your responsibility to expose the top of the trenches at the beginning and end of the each trench. This is necessary to assure that the lengths and locations of trenches are properly documented.*
- \*4) Identify any property lines and/or water lines within 50 feet of any part of the sewage system.*
- \*5) Identify any ditches, drains, French drains, sock tiles, farm drainage, or any other similar drainage devices or structures within 50 feet of the sewage system.*
- \*6) Identify any wells within 200 feet of any part of the sewage system*

*\*Items 4 – 6 are necessary to make sure that the sewage system meets the proper setback distances from structures we cannot see or may not know the exact location of.*

*Upon completion of our evaluation of the existing system, we will notify you as to whether your request for reuse of the existing system is approved or denied.*

*I acknowledge and have been made aware of the above. When all the above has been done, I will call (910) 938-5851 and request that my application be transferred from the “Inactive Application File” to the “Active Application File”. If the above items have not been done when a member of our staff arrives to conduct your evaluation, the evaluation will not be done and your application will be returned to the “Inactive Application File” and will remain there until we are notified again that the property is properly prepared for evaluation. A LOT/SITE PREPARATION LETTER, IDENTIFYING WHY THE LOT/SITE WAS NOT EVALUATED, WILL BE SENT TO THE OWNER/AGENT AND THE APPLICATION WILL REMAIN IN THE “INACTIVE APPLICATION STATUS” UNTIL THE NECESSARY LOT PREPARATIONS ARE DONE. WHEN THE LOT IS READY FOR EVALUATION BEFORE OUR OFFICE WILL REACTIVATE THE FILE A \$65.00 REVISIT FEE MUST BE PAID. YOUR APPLICATION WILL THEN BE REACTIVATED AND RETURNED TO THE POOL OF APPLICATIONS ACCORDING TO ITS REACTIVATION DATE AND NOT ITS’ ORIGINAL FILING DATE. PLEASE NOTE THAT YOUR FILE WILL CONTINUE TO BE RETURNED TO THE “INACTIVE” STATUS EACH TIME IT IS VISITED FOR EVALUATION AND FOUND NOT READY.*

*It is also understood that the issuance of a permit resulting from this application does not constitute an Onslow County warranty or guarantee of the functionality of the wastewater system.*

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*Date*

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*Signature*