

**BURKE COUNTY ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER APPLICATION
ON-SITE WASTEWATER PERMIT ONLY [\$325.00] (Septic repair permit is free)**

- Applications not fully completed will not be accepted.
- You **MUST** attach a survey / plat map of the property with this application.
- You **MUST** attach a Zoning Permit to this application. (*Some may require a Watershed Permit*)
- A permit fee must accompany this application. (*Additional septic fees may apply*)
- Checks should be made payable to: **BURKE COUNTY**

APPLICANT INFORMATION (All applicants must complete in full)

Applicants Name: _____

Applicants Current Mailing Address: _____

City _____ State _____ Zip _____

Phone number(s) where you can be contacted between 8 AM and 5 PM:

() _____ () _____ () _____

Are you the current owner of this property? ----- Yes:___ No:___

****IF NO**, you must complete a "Legal Agent Verification Document"***

PROPERTY INFORMATION (All applicants must complete in full)

911 Address of property: _____

City _____ State NC Zip _____

Property GIS Number: _____ Acreage: _____ Township: _____

Is this property part of a subdivision? ___ Yes ___ No: **If Yes:**

Subdivision's Name: _____

Subdivision's Phase or Section # if applicable: _____ and lot #: _____

Driving directions to property from Morganton: _____

[OVER]

DWELLING INFORMATION (All applicants for septic systems must complete in full)

Dwelling Type (check all that apply):

___ House ___ Mobile Home ___ Modular: (on-frame ___ off-frame ___) ___ Single family
___ Duplex ___ Multiplex
___ Business ___ Other (describe) _____

Square Feet of Dwelling (not counting garage) _____ Unknown _____

Number of: Bedrooms: _____ Bathrooms: _____ People to live in dwelling: _____

Water Supply: ___ Well ___ Public (Give name of Provider _____)

1. Will there be a basement? YES NO
2. Will there be basement plumbing? YES NO
3. Will there be a swimming pool? YES NO Above Ground Below Ground
4. Will you be adding any outbuildings/detached structures? YES NO
5. Will you have a garbage disposal/grinder? YES NO
6. Do you request a specific type of septic system/drainfield? YES NO
7. Are there any pending restrictions regarding groundwater use on the property? YES NO
8. Is the site subject to approval by any other agencies? YES NO
9. Is the property subject to any easements or right-of-ways? YES NO
10. Are there any landfills, waste storage, or known underground contamination on the property or adjacent to the property? YES NO
11. Are there existing wells, springs, surface waters designated or identified as wetlands on the property? YES NO
12. Are there any underground storage tanks, heating oil tanks, or septic systems on the property or adjacent properties? YES NO

**If YES, please explain: _____

LEGAL STATEMENT

1. The undersigned person hereby agrees that he/she has read the foregoing application and that the contents of the same are true as submitted.
2. You must provide a survey/plat map of the property with this application.
3. You must attach a Zoning Permit to this application.
4. The application is not complete without a valid site plan and payment for services.
5. Application and application fee payments may not be transferred, sold, or assigned.
6. I understand that this is a formal/legal application for on-site water protection services and authorizes Burke County Environmental Health to enter this property for evaluation and inspection purposes.
7. If the information in this application is falsified, changed, or altered, then any permits issued shall become invalid.
8. Any alteration of the site or soil conditions, or changes to the proposed facility to be served may subject the improvement permit to suspension or revocation procedures.
9. Once issued, On-Site Wastewater Permits are valid for a period of 5 years from the date of issuance.
10. If requested by the Environmental Health Office, you may have to provide a backhoe to excavate pits for soil evaluation purposes.
11. You must have the property, dwelling, and driveway clearly marked and staked off if requested by the Environmental Health Office for permitting purposes.
12. You agree to clear the land adequately for permitting purposes if requested by the Environmental Health Office.

Signature Applicant: _____ Date: _____