

# BURKE COUNTY ENVIRONMENTAL HEALTH ON-SITE WASTEWATER APPLICATION

- Applications not fully completed will not be accepted.
- You **MUST** attach a Zoning Permit to this application.
- A permit fee must accompany this application. (\$325.00)
- 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:\_\_\_

Email Address: \_\_\_\_\_

## **PROPERTY INFORMATION** (All applicants must complete in full)

911 Address of property: \_\_\_\_\_

City \_\_\_\_\_ State NC Zip \_\_\_\_\_

Property REID/GIS Number: \_\_\_\_\_ Acreage: \_\_\_\_\_

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

Subdivision's Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Driving directions to property from Morganton: **(REQUIRED)**

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[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 property subject to any easements or right-of-ways?  YES  NO
9. Are there any landfills, waste storage, or known underground contamination on the property or adjacent to the property?  YES  NO
10. Are there existing wells, springs, surface waters designated or identified as wetlands on the property?  YES  NO
11. 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. If requested by the Environmental Health Office, you may have to provide a backhoe to excavate pits for soil evaluation purposes.
2. The undersigned person hereby agrees that he/she has read the foregoing application and that the contents of the same are true as submitted.
3. You must attach a Zoning Permit with a Plat Map to this application.
4. The application is not complete without 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. You must have the property, dwelling, and driveway clearly marked and staked off if requested by the Environmental Health Office for permitting purposes.
11. You agree to clear the land adequately for permitting purposes if requested by the Environmental Health Office.

Signature Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

