

PLEASE TAKE AN APPLICATION TO SUBMIT THAT APPLICATION:

- **BRING TO THE ENVIRONMENTAL HEALTH OFFICE
LOCATED IN THE COUNTY OFFICE BUILDING-
3RD FLOOR ROOM 308**
- **FAX THE APPLICATION TO: 336-651-7562**
- **SUBMIT APPLICATION THROUGH PUBLIC PORTAL
LOCATED ON WEBSITE: Wilkeshealth.com**
 - **EMAIL THE APPLICATION TO:
WILKESEH@WILKESCOUNTY.NET**
- **DROP IT IN THE DROP BOX LOCATED AT THE FRONT
DOOR OF THE COUNTY OFFICE BUILDING**
- **MAIL THE APPLICATION WITH PAYMENT TO:
WILKES COUNTY HEALTH DEPARTMENT
306 College Street
Wilkesboro, NC 28697**

YOU MAY MAIL IN YOUR PAYMENT PAYABLE TO
WILKES COUNTY ENVIRONMENTAL HEALTH,
OR YOU MAY CALL IN YOUR PAYMENT TO:
336-651-7530

please note that all card transactions will have a 3.5% service fee

INSTRUCTIONS FOR APPLICATION

- Contact Planning and Zoning at (336) 651-7350 to ensure compliance with all regulations and requirements.**
- Submit a map of the property with property line dimensions and a directional arrow.** (If the property is in the jurisdiction of the town of Wilkesboro or North Wilkesboro or Ronda, please check with the town, you may also need Zoning and Watershed permits from the town. If you have recently purchased the property and your name is not shown as the owner in the Wilkes County GIS system please provide a copy your deed to provide proof of ownership)
- Follow the instructions you have been provided to prepare your site.
- Draw your site plan and submit your drawing with the completed application.
- If applying for repair of an existing septic system: Complete the Homeowner Questionnaire, Best Professional Judgement Form and submit with your application.
- If applying for a church or business: Complete a Fact Sheet and Letter of Intent and submit with your application.

Turn in the application packet and all the required forms. ***Incomplete applications will not be accepted.*** A fee will be collected when you submit the application. A receipt and a copy of the application will be provided.

Contact (336) 651-7530 if you have questions regarding the application or fee schedule.

IMPORTANT NOTICES

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE:

If you wish to sign forms and are not the owner of the property; or if you own the property and want someone else to sign the necessary forms, see the Document to Authorize an Owner's Legal Representative form included.

1080 ELEVATION RULE:

The U. S. Army Corps of Engineers has determined that no structure (house, septic tank, septic nitrification field, lines, well, etc.) can be located below the elevation of 1080 feet for W. K. Scott Dam and Reservoir, applicant will need to contact the U. S. Army Corps of Engineers to determine whether or not the "1080 Elevation Rule" applies to their property,

SITE PREPARATION AND SITE PLAN DRAWING:

Applicants are responsible for preparing the site for the evaluation and for drawing the site plan (if required). Do not draw your site plan on the map you are submitting. Grading, excavation, or clearing with heavy equipment may remove or compact the soil required for septic systems and therefore is not recommended prior to evaluation.

REVISIT FEE:

An incomplete evaluation could result if any of the following apply when a representative of this department makes a site visit.

- The site was not prepared as specified (i.e. property lines not flagged, etc.).
- There is insufficient area clear enough to evaluate.
- Another area within the designated two-acre area needs to be evaluated but is not cleared or was inaccessible during the initial visit.



Wilkes County Health Department & Wilkes Community Health Center

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EXISTING SYSTEM APPROVAL APPLICATION

Applicant: _____
Mailing Address: _____

City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Owner: _____
Mailing Address: _____

City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Requesting:

- Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility (Replacing single wide mobile home with another single wide).
- Reconnection when the proposed facility is not in same footprint as existing/previous facility (Replacing a single wide mobile home with a double wide mobile home).
- Site modification (e.g., storage building, swimming pool, etc.)
- Expansion to footprint of existing facility (e.g., deck, family room, etc.)
- Other Describe: _____

Existing Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Proposed Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Residences:

Proposed # of bedrooms: _____ Proposed # of Occupants: _____ Other: _____

Businesses (please discuss with local health department prior to completing):

of seats: _____ # of Employees: _____ Other: _____

Are you requesting any changes to wastewater design flow or wastewater strength? Yes No

Parcel number: _____ Property Acreage: _____

Property Address: _____

Directions to Site: _____

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

Yes No



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**THIS IS THE SECOND PAGE OF A TWO-PAGE APPLICATION FORM.
SIGNATURE AND DATE ARE REQUIRED FOR ALL APPLICATION TYPES.**

An Existing Wastewater System approval is valid for 1 year after issuance.

I _____ as property owner/applicant have determined compliance with all applicable laws and rules with the planning and zoning department necessary for this application.

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE PERMITS SHALL BECOME INVALID.

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 and corners and making the site accessible so that a complex site evaluation can be performed.

Signature of Owner, Owner's Authorized Agent, or Legal Representative

Date

MUST PROVIDE DOCUMENTATION TO SUPPORT CLAIM AS OWNER.

OFFICE HOURS ARE 8:30 AM THROUGH 5:00 PM, MONDAY THROUGH FRIDAY. APPLICATIONS ARE TAKEN BETWEEN THE HOURS OF 8:30 AM AND 4:30 PM.

THIS APPLICATION AND FEES PAID WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT. IF ONE WISHES TO REAPPLY AFTER 12 MONTHS, A NEW APPLICATION AND FEE MUST BE SUBMITTED. AFTER A PERMIT IS ISSUED A REFUND WILL NOT BE GRANTED.

A REVISIT FEE OF \$125.00 WILL BE CHARGED TO EVALUATE SITES NOT PREPARED AS SPECIFIED ON INSTRUCTION SHEET. PLEASE PREPARE YOUR SITE PLAN ACCORDING TO INSTRUCTIONS BEFORE MAKING AN APPOINTMENT WITH AN ENVIRONMENTAL HEALTH SPECIALIST TO EVALUATE YOUR SITE. ****



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DOCUMENTATION TO AUTHORIZE AN OWNER’S LEGAL REPRESENTATIVE

Applications for permits require the “signature of the owner or owner’s legal representative” (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as (Parcel Identification Number) _____, located in Wilkes County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, 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 (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- 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 the Wilkes County Department of Public Health, Environmental Health Division.

Signature of Owner(s)

Date

Signature of Witness

Date

SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.





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WILKES COUNTY HEALTH DEPARTMENT
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ENVIRONMENTAL HEALTH DEPARTMENT FEE SCHEDULE

WASTEWATER SYSTEMS – NEW Septic System \$1.25/gallon/day

CURRENT

SYSTEMS UP TO 480 GALLONS PER DAY...(1-4 BDR).....	\$150-600
SYSTEMS 481 TO 900 GALLONS PER DAY ..(5-7 BDR).....	\$750-1,050
SYSTEMS 901 TO 3000 GALLONS PER DAY .(PUMP SYSTEMS).....	\$1,126-3,700
SYSTEMS GREATER THAN 3000 GALLONS PER DAY	\$1.25 PER GAL/DAY

FEEES BASED ON \$1.25 PER GALLON PER DAY, I.E. 3 BDR HOUSE REQUIRES 360 GALLONS PER DAY AND THE FEE WOULD BE \$450.00.

PERMIT OPTIONS:

EOP/AOWE.....	\$35.00
A2 Permit.....	40% - 100% of Current Fee

WASTEWATER SYSTEMS – EXISTING

INSPECTION	\$125.00
EXPANSION	\$1.25 PER GAL/DAY
REPAIR	\$125.00

WASTEWATER SYSTEMS – OTHER

REDRAW FEE	\$ 50.00
PERMIT NAME CHANGE	\$ 50.00
PERMIT DENIAL RETENTION FEE.....	\$ 100.00

WELL- NEW

NEW WELL (INCLUDES 1 WATER SAMPLE).....	\$350.00
RE-SAMPLE.....	\$150.00

WELL – OTHER

ABANDONMENT	\$125.00
REPAIR.....	\$125.00

MISCELLANEOUS

MOBILE HOME PARK ANNUAL OPERATION PERMIT	\$125.00
MOBILE HOME MOVING PERMITS (HOMES USED FOR STORAGE)	\$ 25.00
REVISIT FEE (BROKEN APPOINTMENTS INADEQUATE PREP.)	\$100.00
WATER SAMPLES (BACTERIOLOGICAL, INORGANIC, Nitrate)	\$ 150.00
FOLLOW-UP BT FOR PERMITTED WELLS	\$ 75.00
RETURN CHECK FEE	\$ 25.00

REFERENCE NUMBERS

Environmental Health Dept.	651-7530	Register of Deeds	651-7351
Building Inspections	651-7303	Town of North Wilkesboro	667-7129
Mapping Department	651-7309	Town of Wilkesboro	838-3951
Planning Department	651-7350	U.S. Army Corps of Engineers	921-3390