

# **PLEASE TAKE AN APPLICATION TO SUBMIT THAT APPLICATION:**

- **BRING TO THE ENVIRONMENTAL HEALTH OFFICE  
LOCATED IN THE COUNTY OFFICE BUILDING-  
3<sup>RD</sup> FLOOR ROOM 308**
- **FAX THE APPLICATION TO: 336-651-7562**
- **SUBMIT APPLICATION THROUGH PUBLIC PORTAL  
LOCATED ON WEBSITE: [Wilkeshealth.com](http://Wilkeshealth.com)**
  - **EMAIL THE APPLICATION TO:  
[WILKESEH@WILKESCOUNTY.NET](mailto: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 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.

**The evaluation will remain incomplete and be put on hold until the needed site preparation is complete and the revisit fee is paid. Once taken off hold status, applications will be placed at the back of the line and will have to wait their turn.**



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

**ADDITIONAL DEVELOPMENT INFORMATION FOR WELLS**  
**(Required if applying for a well permit.)**

Well to be used for:

- Individual Well for Residence       Business       Shared Well  
 Special Use (Foster Homes, Migrant, etc.)       Other (Specify) \_\_\_\_\_  
\_\_\_\_\_ Number of Units on Well  
\_\_\_\_\_ Number of People Served by Well

**IF CHURCH OR BUSINESS:  
(ATTACH THE LETTER OF INTENT)**

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- Yes     No    Are there any storage tanks (above or underground) on this property?  
 Yes     No    Are there any improperly abandoned wells on this property?  
 Yes     No    Are there any unused wells on this property?  
 Yes     No    Are there any existing or proposed wastewater (septic) systems (including repair areas) within 100 feet of proposed well?  
 Yes     No    Are there any other known sources of contamination within 1000 feet of the proposed well?  
 Yes     No    Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)?  
 Yes     No    Are there any variances regarding well construction or location issued under 15A NCAC 02C .0118?  
 \_\_\_\_\_ (Initials) **I/we have acknowledged that I/we have received the Known Sources of Contamination Report of known contaminants within a 1,000' radius of my property and I/we wish to proceed in filing for a well permit.**

The well permit is valid for a period of five years. Well owners must contact the Health Department when the pump is installed so the final inspection can be done and the Certification of Completion issued. **YOU WILL NOT BE ABLE TO GET PERMANENT ELECTRICAL SERVICE UNTIL THIS STEP IS COMPLETE.** Well owners must contact the Health Department again when power has been turned on to the pump so the water sample can be taken. The Health Department is required to obtain a water sample within thirty (30) days of the issuance of a Certification of Completion if at all possible. You will need to contact us if you wish to have a water sample taken after that time.

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. \*\*\*\***

**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

## WELL SITE PLAN DRAWING INSTRUCTIONS

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*(This form is required for new wells only.)*

**Do not draw your site plan on the map you are submitting.**

Using the Setbacks for Well Placement as a guide, indicate on your site plan drawing the location and distance from your proposed well to any features on the Well Setbacks list that exist or are proposed on your property. Also include on your site plan drawing:

- Any property lines within 100 feet of the proposed well
- The location of any easements or rights of way on the property
- Directional arrow (North)

### SETBACKS FOR WELL PLACEMENT (15A NCAC 02C WELL CONSTRUCTION STANDARDS)

- |  |          |
|--|----------|
| • Septic tank and drainfield, including drainfield repair area   | 100 feet |
| • Other subsurface ground absorption waste disposal system   | 100 feet |
| • Industrial or municipal residuals disposal or wastewater-irrigation sites  | 100 feet |
| • Sewage or liquid-waste collection or transfer facility constructed to water main standards in accordance with 15A NCAC 02T .0305(g)(2) or 15A NCAC 18A .1950(e), as applicable   | 50 feet  |
| • Other sewage and liquid-waste collection or transfer facility  | 100 feet |
| • Cesspools and privies  | 100 feet |
| • Animal feedlots, as defined by G.S. 143-215.10B(5), or manure piles  | 100 feet |
| • Fertilizer, pesticide, herbicide or other chemical storage areas   | 100 feet |
| • Non-hazardous waste storage, treatment or disposal lagoons   | 100 feet |
| • Sanitary landfills, municipal solid waste landfill facilities, incinerators, construction and demolition (C&D) landfills and other disposal sites except   |          |
| • Land Clearing and Inert Debris landfills   | 500 feet |
| • Land Clearing and Inert Debris (LCID) landfills  | 100 feet |
| • Animal barns   | 100 feet |
| • Building perimeters, including any attached structures   | 25 feet  |
| • Surface water bodies which act as sources of groundwater recharge, such as ponds, lakes and reservoirs   | 50 feet  |
| • All other surface water bodies, such as brooks, creeks, streams, rivers, sounds, bays and tidal estuaries  | 25 feet  |
| • Chemical or petroleum fuel underground storage tank systems regulated under 15A NCAC 02N:  |          |
| (i) with secondary containment   | 50 feet  |
| (ii) without secondary containment   | 100 feet |
| • Above ground or underground storage tanks which contain petroleum fuels used for heating equipment, boilers or furnaces, with the exception of tanks used solely for storage of propane, natural gas, or liquefied petroleum gas | 50 feet  |
| • All other petroleum or chemical storage tank systems   | 100 feet |
| • Gravesites   | 50 feet  |
| • All other potential sources of groundwater contamination   | 50 feet  |
| • Swimming Pools   | 25 feet  |

Your proposed well must meet all these setbacks. By signing this you certify that you have read the above and your new well site meets or exceeds these setbacks, and all that apply are included on your site plan drawing.

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

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Date

**WILKES COUNTY HEALTH DEPARTMENT**  
Promoting health and preventing disease in our community.

**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