

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4995

NOTICE

**PLEASE READ THE INSTRUCTION SHEETS CAREFULLY.
APPLICATION MUST BE FILLED OUT COMPLETELY.
PLATS OR SURVEYS OF THE PROPERTY MUST BE
ATTACHED TO THE APPLICATION.**

***ONLY THE APPLICANT OR THE AUTHORIZED AGENT DESIGNATED ON THE
APPROPRIATE FORM WILL BE ALLOWED TO PICK UP PERMITS.***

FEE SCHEDULE

Well Application / Water Fees

NEW WELL CONSTRUCTION PERMIT**	\$325.00
WELL ABANDONMENT	\$175.00
EXISTING WELL COMPLIANCE INSPECTION	\$75.00
RENEWAL OF A WELL PERMIT THAT HAS NOT EXPIRED	\$225.00
RENEWAL OF A WELL PERMIT THAT HAS EXPIRED	\$325.00
CHANGES TO AN EXISTING WELL PERMIT	\$175.00
SITE VISITS BEYOND STANDARD OF 3	\$ 50.00 PER VISIT

*** THIS FEE INCLUDES, SITE EVALUATION, PERMIT, GROUTING INSPECTION, WELL HEAD INSPECTION
AND COLIFORM, NITRATE, AND INORGANIC LABORATORY ANALYSIS.*

On-Site Wastewater Application Fees

Improvement Permit		Authorization to Construct	
Residential Rates	Commercial Rates	<i>Based on the System Type from the Improvement Permt</i>	
2 - 3 Bedrooms \$400.00	100 - 360 Gallons \$400.00	(Privy, Incinerating) Type I	\$50.00
		(Gravity) Type II, III	\$100.00
4 - 5 Bedrooms \$500.00	361 - 500 Gallons \$500.00	(Simple Pump) Type III b	\$200.00
		(Drip, Pre-treat, Large) Type IV, V, VI	\$400.00
RELOCATION OF A SEPTIC TANK	\$200.00	EXPANSION OF COMMERCIAL SYSTEM WILL BE BASED ON THE NUMBER OF GALLONS PER DAY	
EXPANSION OF A RESIDENTIAL SYSTEM (FOR FIRST BEDROOM, AND \$100 FOR EACH ADDITIONAL BEDROOM.)	\$200.00		

(FEES INCLUDE \$225.00 SITE EVALUATION FEE)

(COMMERCIAL & RESIDENTIAL)----- IF OVER 500 Gallons add \$300.00, extra for each additional 500 Gallons or any portion thereof.

EXISTING SEPTIC SYSTEM COMPLIANCE INSPECTION	\$75.00
CHANGE OF EXISTING PERMIT (LIMITED)	\$225.00
CHANGE OF EXISTING PERMIT (COMPREHENSIVE)	FULL PERMIT FEE
EXPIRED PERMIT	FULL PERMIT FEE
RENEWAL OF NON-EXPIRED PERMIT	\$225.00
NAME CHANGE	\$25.00
ADDITIONAL SITE VISIT FEE (OVER 3 VISIT)	\$50.00 PER VISIT

ALL FEES INCLUDE A NON-REFUNDABLE \$25.00 ADMINISTRATION PROCESSING CHARGE.

APPLICATION INSTRUCTIONS FOR WELL AND SEPTIC PERMITS

Section 1 of the application is a list of services provided by our department. Once you have chosen the service needed and know which sections of the application to fill out; the following pages will define and explain where to find the answers to the questions on the application.

Service Being Applied For:	Application Sections Required:	Survey/ Schematic required	Site plan required
New Septic System (Improvement Permit)	1, 2, 3, 4, 5, 8	Yes	Yes
Authorization to Construct	1, 2, 3, 4, 5, 8	Yes	Yes
New Well Construction Permit	1, 2, 5, 6, 8	Yes	Yes
Existing Well Compliance Inspection	1, 2, 3, 5, 8	No	Yes
Existing Septic System Compliance Inspection	1, 2, 3, 5, 8	No	Yes
Repair of a Well	1, 2, 5, 8	No	Yes
Repair of a Septic System	1, 2, 5, 8	No	Yes
Renewal of Non-Expired Permit	1, 2, 3, 5, 8	No	No
Expansion of an Existing Septic System	1, 2, 3, 5, 8	Yes	Yes
Relocation of a Septic Tank	1, 2, 3, 5, 8	No	Yes
Change of Existing Permit (Well or Septic) (limited or comprehensive)	1, 2, 3, 5, 8	Yes (unless attached to permit)	Depending on proposed change.
Well Abandonment	1, 2, 7, 8	No	No
Name Change	1, 2, 8	No	No

NOTE: If you are trying to obtain a building permit you will need this office to perform two services one for well and one for septic.

SECTION 2

INFORMATION ON THE PROPERTY TO BE EVALUATED

- **Owner of Property's Name**
 - This is the name of the current owner of the property **not** the person intending to purchase the property. The owner is the individual who must give this department permission to evaluate the property.
 - If the owner of the property is **not** the individual applying for the permit(s) then the owner must complete and sign the Owner's Authorization form.
 - If the property is owned by a company, give a person to act as a representative of that company. This must be the same person who signs the application or the Owner's Authorization form.

- **Applicant Name**
 - Each permit issued from our department is specific to the property, proposed usage and construction plan submitted to our department. The **applicant** is the individual or business who describes the proposed usage and site plan for our department to evaluate on the property.
 - The **applicant** is either the owner or a potential buyer of the property. If the owner of the property is the one proposing the construction then they are the applicant as well. If the owner and applicant are the same write "SAME AS OWNER" in the applicant space.
 - If the applicant is a company, give a person to act as a representative of that company. This must be the same person who signs the application and or agent authorization form.

- **Agent Name**
 - The agent is the individual that either the owner or applicant has asked to manage the application process. The agent will be a legal representative of the applicant who can agree to conditions and requirements specified by our department.
 - This individual will be able to sign for and receive permits issued by our department. If the agent signs for the permit(s) then the individual he/she is representing is responsible for meeting all the requirements of the permits.
 - This individual will be the first person our department contacts to schedule appointments, ask to complete tasks required by this department, sign for permits, etc.

Only the applicant or the authorized agent will be allowed to sign for permits.

When searching for the property size, parcel ID or pin number, subdivision name, lot number, subdivision section number, date platted, flood plain and watershed restrictions use the following resources.			
	Ashe County	Alleghany Co	Watauga County
Planning Department	336-846-5518	336-372-2942	828-265-8043
Tax Mapping Web Site	336-846-5555 www.ashecourt.gov/webgis	336-372-7920 arcims.webgis.net/nc/alleghany/	828-265-8026 www.wataugacounty.org/tax/index.html
Register of Deeds	336-846-5528 www.ashencrod.org/opening.asp	336-372-4342 24.172.15.58/Opening.asp	828-265-8052 www.wataugacounty.org/deeds/index.html

- The **Parcel ID or Tax Pin Number** is found on the tax bill, as well as with the respective web sites and tax offices listed above. If a new tax pin is going to be issued, indicate as such but also include the current pin number on the application.

- The **Date Platted** is the date that the property, as it currently exists, was specifically described in a deed or plat and recorded with the county. This date does not change with ownership of the property. Date platted is the date that the property corners and lines, as they currently exist, were first recorded with the county. This is not necessarily the date of the last survey.

- **Floodplain and watershed restrictions** information may be found at the planning departments in the respective counties or websites listed above. These restrictions typically apply to the watersheds which serve as the water supply for townships or communities.

- **Approval by Other Agencies other than Planning and Inspection Departments.**
Some examples are:
 - Migrant Houses are approved by the Dept. of Labor
 - Carwashes and other businesses produce an industrial strength stream of wastewater. (Approved by NCDENR)
 - Department of Facility Services
 - Army Corps of Engineers
 - Department of Water Quality

SECTION 3

STRUCTURE INFORMATION

When completing this section for:

1. A site or building that **does not** have a septic system installed for the proposed structure, then please describe the structure that you would like to build.
2. A site that has an **existing house or business** using a septic system, describe the structure **as it currently exists**. For example: If you are adding a deck or expanding the kitchen area of a house. Another example would be if you are adding a bedroom to an existing septic system. In these cases check off House and Proposed Construction Described Below then answer the questions about the house **as it is** and use the **compliance section** to describe the proposed construction.

Special Fixtures: This question typically applies to people who are ready to build and have a good idea of the final design of their home or business. We ask this question because these types of fixtures can dramatically affect the life of a septic system. This information will allow us to improve the design of the septic system and inform you of how to properly maintain your system. In the description section please list the number of shower heads and gallons per minute in the multi-head showers. If you have oversized tubs please give the number of gallons it holds and the number of tubs in the house.

SECTION 4

SECTION TO REQUEST AN ON-SITE WASTEWATER SYSTEM TYPE

This section is an opportunity for you to specify a proposed septic system type.

- If you do not have a system preference you may check the box next to Any System Type.
- You may also rank the systems in order of your preference.
- If you wish to specify a particular system, a list of those can be provided by our department.
- This list of choices does not reflect the cost of the systems. For example innovative systems can be among the cheapest and most expensive system types.
- Once this department has evaluated a site and determined the type of system(s) options which may be installed, then the owner can choose any system name brand.

SECTION 5

WATER SUPPLY INFORMATION

Private Well:

- A well to serve a single design unit, no more than one home or business.

Shared Well:

- A well which serves more than one residence or business, but no more than 24 individual people **and** no more than 14 connections.

Public Water Supply and Other Types of Wells:

- Wells to serve more than 24 individual people, have more than 14 connections, serve a business, serve a restaurant, or any other use beyond a residence as described above. These wells may require approval from other agencies.

SECTION 6

WELL SITING INFORMATION SECTION

Water supply wells must be kept away from all potential sources of contamination. Certain fuel storage tanks, septic systems and building foundations, among other things, are all potential sources of contamination therefore the water supply needs to be isolated from them. The **fuel storage tanks** we are asking about in this section are:

- Chemical or petroleum fuel storage tanks (excluding LP, propane or natural gas)
- Fuels include but are not limited to those used for heating equipment, boilers or furnaces, gasoline, diesel, kerosene, motor oil, etc.

SECTION 7

WELL ABANDONMENT SECTION

If you have an existing well that is no longer in service, not producing water, or being replaced; that well will need to be properly abandoned per rule. Our department will permit and inspect the abandonment. In order for our department to protect new and surrounding water supplies our department needs to know why the well is being abandoned.

SECTION 8

SITE PREPARATION AND SIGNATURE SECTION

Regardless of what is being applied for the owner's and / or the applicant's signature must be included.

When submitting an application **survey or plat** is required, but if an accurate survey cannot be found, then a schematic of the property may be accepted if it provides the dimensions of the property.

Before an application may be accepted all the site preparation must be completed.

- Please make sure that all site preparation is done such as proposed building and well location staked, driveway marked, property corners and lines clearly and correctly marked, holes dug etc.
- **If this department visits a site and all the site preparation is not done, the application will be put in a hold file until we are notified that these requirements are met. Upon notification, your application will then be placed at the back of the line and you will have to wait your turn again.**
- In most cases the permit procedure can be accomplished with 3 visits to the property if all site preparation work is done properly. **A site revisit fee of \$50.00 will be charged** to evaluate property not prepared as specified in the instructions. This fee begins after the third visit. Pump systems will probably require additional visits.

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4995

SITE PREPARATION INSTRUCTIONS AND EXAMPLE SITE PLAN

The applicant/agent is responsible for preparing the property for the soil/site evaluation. The property corners and property lines must be clearly and correctly flagged in the field. Any existing septic systems and water supplies within 100 feet of the property to be evaluated must be identified on the site plan.

A minimum of four test holes or backhoe pits must be dug. The holes, if dug with posthole diggers, must be at least 12 inches wide and 36 inches deep. If dug with a backhoe, the holes must be 30 inches wide and 48 inches deep. The holes should be spaced a minimum of 25 feet apart and should be dug along the contour of the ground, two uphill and two downhill. (See Example Layout Below)

How to choose the area to dig the test holes: We would like to place the septic system in the location you prefer. You can help us do this by locating the holes in areas that meet the following setbacks; At least 50' from any creek or spring, 15' from any proposed structure or driveway, 10' from any property line, and 100' from any existing or proposed well location.

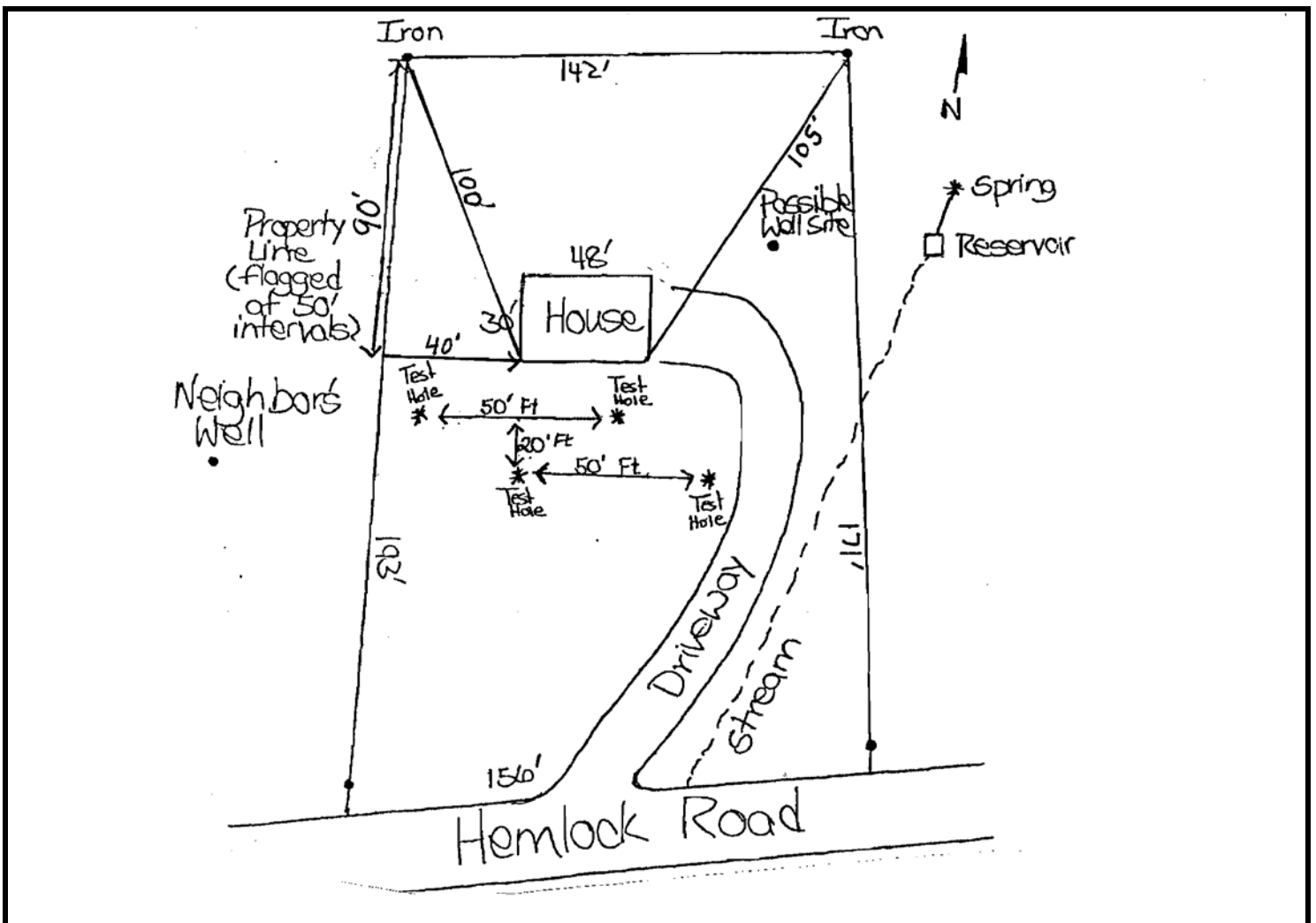
Grading and excavation of the property is not recommended prior to this department's evaluation.

SHOW EACH OF THESE ON THE SITE PLAN:

1. Structures(s) (existing or proposed)
(Dimension of proposed structures including decks)
2. Distance to proposed structure(s) from two (2) different points or fixed benchmarks (see example below)
3. Water supply source (well or spring).
4. Driveway (existing or proposed)
5. Property Corners & Lines
6. Septic System(s) (existing or proposed)
7. Water Lines (existing)
8. Existing Wells and Fuel Tanks within 100 feet of the site
9. Streams, Springs, or other surface water
10. Subsurface drains

To make the permitting process **FASTER** for everyone, please give **ACCURATE** measurements for the proposed building site, locating it from **2 DIFFERENT** property corners or fixed points (SEE EXAMPLE SITE PLAN).

EXAMPLE SITE PLAN



APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4995

APPLICATION FOR WELL AND ON-SITE WASTEWATER PERMITS

PLEASE READ THE INSTRUCTION SHEETS PROVIDED TO ACCURATELY FILL OUT THIS APPLICATION

Date Received:

Health Department Use Only

SECTION 1 INITIAL THE APPROPRIATE LINE(S) FOR WHAT THIS APPLICATION IS FOR:

<input type="checkbox"/> NEW WELL CONSTRUCTION PERMIT	<input type="checkbox"/> NEW SEPTIC SYSTEM (Improvement Permit)
<input type="checkbox"/> WELL ABANDONMENT	<input type="checkbox"/> AUTHORIZATION to CONSTRUCT (Septic permit required to get a building permit)
<input type="checkbox"/> EXISTING WELL COMPLIANCE INSPECTION	<input type="checkbox"/> EXISTING SEPTIC SYSTEM COMPLIANCE INSPECTION
<input type="checkbox"/> REPAIR (Well / Septic)	<input type="checkbox"/> RENEWAL OF PERMIT (Septic-- non-expired only) (Well - -Expired / Non-expired)
<input type="checkbox"/> RELOCATION OF SEPTIC TANK	<input type="checkbox"/> EXPANSION OF AN EXISTING SEPTIC SYSTEM
<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> CHANGE OF EXISTING PERMIT (Well / Septic) (Limited / Comprehensive)

SECTION 2

OWNER OF PROPERTY _____ PHONE _____ (Home) _____ (Cell)

OWNER'S MAILING ADDRESS _____

APPLICANT _____ PHONE _____ (Home) _____ (Cell)

APPLICANT'S MAILING ADDRESS _____

AGENT _____ PHONE _____ (Home) _____ (Cell)

AGENT'S MAILING ADDRESS _____

INFORMATION ON THE PROPERTY TO BE EVALUATED

DETAILED DIRECTIONS TO PROPERTY: _____

PROPERTY SIZE _____ PARCEL ID/ PIN # _____ COUNTY OF PROPERTY _____

SUBDIVISION NAME _____ LOT# _____ SECTION _____ DATE PLATTED** _____

**Date property recorded with the county as it currently exists.

____ YES ____ NO IS ANY PART OF THIS PROPERTY IN THE 100 or 50 YEAR FLOOD PLAIN? (Circle applicable.)

____ YES ____ NO ARE THERE ANY WATER SUPPLIES WITHIN 100 FEET OF THIS PROPERTY? (If yes show them on the site plan.)

____ YES ____ NO IS THIS PROPERTY SUBJECT TO WATERSHED RESTRICTIONS?

SECTION 3

STRUCTURE INFORMATION

DESCRIBE THE EXISTING OR PROPOSED STRUCTURE:

<input type="checkbox"/> HOUSE	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> APARTMENTS / TOWNHOMES
<input type="checkbox"/> GARAGE APARTMENT	<input type="checkbox"/> BUSINESS / OTHER	<input type="checkbox"/> CONSTRUCTION DESCRIBED BELOW

____ YES ____ NO BASEMENT _____ NUMBER OF EXISTING BEDROOMS _____

____ YES ____ NO WATER FIXTURES IN BASEMENT _____ NUMBER OF PROPOSED BEDROOMS _____

____ YES ____ NO IF SITE IS FOR A MODULAR HOME, IS A PAD REQUIRED FOR THE CRANE? _____ TOTAL NUMBER OF BEDROOMS _____

Special Fixtures: Circle all that apply: GARBAGE DISPOSAL, OVERSIZE TUBS, MULTI-HEAD SHOWERS, MULTIPLE MASTER BATHROOMS or KITCHENS

Special Fixture Description: _____

BUSINESS or OTHER: Description: _____

NUMBER OF EMPLOYEES _____ SQUARE FOOTAGE OF COMMERCIAL BUILDING _____ HOURS OF OPERATION _____

COMPLIANCE INSPECTIONS FOR SEPTIC SYSTEM AND WELL:

Describe the proposed construction and show the location of any existing structures, proposed additions, excavation or other improvements to the property on the site plan. Answer the above questions as they pertain to the existing structure or system.

Describe: _____

IF YOU HAVE AN EXISTING SEPTIC SYSTEM, WHAT YEAR WAS IT INSTALLED AND UNDER WHOSE NAME WAS IT PERMITTED? _____

SECTION 4

SECTION TO REQUEST AN ON-SITE WASTEWATER SYSTEM TYPE: Please Indicate Desired System Type(s):

(Systems can be ranked in order of your preference)

Any System Type Accepted Alternative Conventional Innovative Other _____

SECTION 5

WATER SUPPLY INFORMATION

(SHOW LOCATION ON SITE PLAN)

___ YES ___ NO IS WATER PROVIDED BY A PUBLIC WATER SUPPLY? NAME OF SYSTEM _____ If yes then please skip to Section 8.

THE FOLLOWING INFORMATION APPLIES TO A: ___ PROPOSED WELL ___ EXISTING WELL ___ EXISTING SPRING ___ PROPOSED SPRING

WATER SUPPLY WILL BE USED FOR: (Initial appropriate)

___ PRIVATE WELL ___ SHARED WELL ___ OTHER (Described below)

OTHER INCLUDES: Business, Restaurant, Daycare, Migrant housing, etc. Description: _____

If different than the property described above, property the water supply is located on. LOT # _____ TAX PIN # _____

DIRECTIONS TO THE WATER SUPPLY: _____

SHARED WELL INFORMATION

WHAT IS THE NUMBER OF EXISTING OR POSSIBLE FUTURE CONNECTIONS TO THIS WELL? _____ If more than one (1) connection, list the connections by Lot # and / or Tax Pin #: _____

SECTION 6

WELL SITING INFORMATION

___ YES ___ NO IS THERE OR ARE YOU PROPOSING TO PLACE A FUEL TANK(S) ON THE PROPERTY?

___ YES ___ NO IS THERE A FUEL TANK(S) ON THE ADJACENT PROPERTIES?

Are anticipating the house or facility to expand, or for additional structures (barns, garages, etc.) to be built on the property in the future? If so, please show on the site plan.

ARE THERE ANY EASEMENTS, OR RIGHT OF WAYS RECORDED ON THIS PROPERTY? ___ YES ___ NO If yes describe and attach a copy of the easement and / or right of way documentation to this application: _____

IF YOU HAVE AN EXISTING SEPTIC SYSTEM, WHAT YEAR WAS IT INSTALLED AND UNDER WHOSE NAME WAS IT PERMITTED? _____

SECTION 7

WELL ABANDONMENT

YEAR THE WELL WAS DRILLED: _____ DEPTH OF THE EXISTING WELL: _____ CASING DEPTH OF THE EXISTING WELL: _____

DESCRIBE WHY THE WELL IS BEING ABANDONED: _____

IS THERE ANY CONTAMINATION OF THE WATER IN THE WELL? _____

SECTION 8

- ___ YES ___ NO PROPERTY CORNERS AND LINES CLEARLY AND CORRECTLY IDENTIFIED
- ___ YES ___ NO PLAT ATTACHED
- ___ YES ___ NO PROPOSED STRUCTURE STAKED
- ___ YES ___ NO PROPOSED WELL SITE STAKED
- ___ YES ___ NO HOLES DUG

Permit	Expiration
Improvement (IP)	5 years
Construction Authorization (CA) <i>(not to exceed the IP)</i>	5 years
Well Construction	5 years
Compliance Inspections	1 year

All permits are subject to revocation if the site plan or plat or the intended use changes.

TO COMPLETE THE APPLICATION DRAW A DIAGRAM OF THE PROPOSED CONSTRUCTION ON THE SITE PLAN PAGE PROVIDED.

Refer to the instruction pages and see the example diagram of site plan attachments for assistance.

Applicant must notify this department if this site is subject to approval by other public agencies (other than the planning and inspection department) or wastewater other than sewage will be generated.

THIS APPLICATION AND FEES PAID WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT. AFTER 12 MONTHS THE APPLICATION IS VOID AND THE APPLICATION FEE IS NON-REFUNDABLE.

ALL HEALTH DEPARTMENT PERMITS ARE SUBJECT TO SUSPENSION OR REVOCATION IF THE SITE PLAN OR THE INTENDED USE CHANGES.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND WILL NOT BE ALTERED WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4995

PROPERTY TO BE EVALUATED
MUST FILL OUT COMPLETELY

OWNER OF PROPERTY _____
PARCEL ID / PIN # _____ PROPERTY SIZE _____ acres
SUBDIVISION NAME _____ LOT NUMBER _____ SECTION NUMBER _____
DETAILED DIRECTIONS TO PROPERTY: _____

PROPERTY OWNER'S AUTHORIZATION FOR APPLICANT *(Potential Buyer)*

I, _____ *(name of property owner)*, being the owner or the legal representative of the business which owns the property specifically described above, do hereby authorize _____ *(name of applicant)* or their legal representative to pursue permits issued by the Appalachian District Health Department. I understand that this authorization includes but is not limited to: (1) Applying for Health Department permits, (2) Preparing the site for on-site soil evaluations, (3) Accomplishing other necessary actions as required by the Appalachian District Health Department (i.e backhoe pits, surveying, clearing the lot of underbrush), (4) Locating or gaining knowledge of all pertinent fuel storage tanks, wells, springs, septic systems, etc...

This authorization will be in effect until a written notice of revocation is received by this office from the owner, or until one year from date of signature by owner.

(Owner's signature)

(Date)

APPLICANT'S AUTHORIZATION FOR AN AGENT TO ACT AS THEIR LEGAL REPRESENTATIVE

I, _____ *(name)*, being the applicant for an Improvement Permit / Authorization for Wastewater System Construction and/or a Well permit do hereby authorize _____ *(name)* to act as an agent on my behalf to do the following: (1) Apply for Health Department permits, (2) Prepare the site for on-site soil evaluations, (3) Accomplish other necessary actions as required by the Appalachian District Health Department (i.e. backhoe pits, surveying, clearing the lot of underbrush), (4) Locate or gain knowledge of all pertinent fuel storage, wells, springs, septic systems, etc...

I understand that I or my legal representative must sign for all permits issued by the Health Department.

This authorization will be in effect until a written notice of revocation is received by this office from the applicant.

(Applicant's signature)

(Date)

(Authorized agent's signature)

(Date)

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4995

SITE PLAN

(MEASUREMENTS MUST BE ACCURATE. SEE EXAMPLE)

NAME: _____ DATE: _____

