



AppHealthCare Fee Schedule

effective 12/17/25



On-Site Wastewater Permits:

Improvement Permits:	Fee:
1 – 3 Bedrooms Residential, RV or Commercial <361 GPD	\$800.00 *
4 – 5 Bedrooms Residential or Commercial >360 and <600 GPD	\$900.00 *
If flow rates exceeds 600 GPD, each additional 480 GPD, or portion thereof	\$500.00 *

*These fees include a nonrefundable site evaluation fee equal to one-half the application fee plus a \$50 admin fee. Fees also include a gravity system Construction Authorization (CA).

Additional fees will apply for a Type IIIb or Type IV – VI system as listed below.

Construction Authorization (CA) Permits:	Gravity (Type I, II,III)	Simple Pump (Type IIIb)	Drip, Large, Pretreatment, (Type IV, V, VI,)
1 – 3 Bedrooms Residential, RV or Commercial <361 GPD	\$ -	\$ 375.00	\$ 575.00
4 – 5 Bedrooms Residential or Commercial >361 and <600 GPD	\$ -	\$ 375.00	\$ 575.00
Expansions:			
Expansion of a residential system:	\$475.00 for the 1st bedroom and \$225.00 for each additional bedroom.		
Expansion of a commercial system:	\$475.00 for the 1st 120 gallons and \$225.00 for each additional 120 gallons.		
Privy, Incinerating and Composting Toilets (Type I):	\$375.00		
Relocation of a Septic Tank:	\$375.00		
Change of Existing Permit (Limited) No soil evaluation required:	\$400.00		
Change of Existing Permit (Comprehensive):	Full permit fee with a new application.		
Revisit Fee (Inadequate site preparation, broken appt, reflagging):	\$150.00 per visit		
Septic Repair Fee:			
1-3 Bedroom	\$150.00		
4+Bedroom, Vacation Rental or Non-Residential	\$250.00		
Initial System was Private Option	Full permit fee		

Fees above do not reflect the revised A2 IP & CA at 40% or A2 CA only at 40% effective 9/1/23.

Well Permits:

New Well Permit Application:	\$475.00
This fee includes the site evaluation, permit, grouting inspection, well head inspection, and state mandated laboratory analysis of well water (test includes Coliform, Nitrate/Nitrite and Inorganic sampling).	
Well Abandonment	\$300.00
Change of an Existing Well Permit:	\$300.00
Repair (for emergencies-low quantity or yield / quality issues)	\$75.00
Repair (for improving property or code compliance)	\$125.00
Variance Request (filing fee)	\$100.00
Revisit Fee (Inadequate site preparation, broken appointments):	\$150.00 per visit

Compliance (Existing System) Inspection:

Compliance Inspection	\$225.00
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Migrant Housing:

Migrant Housing Inspection:	\$300.00 per house/facility to be inspected.
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Administrative Fees:

Permit Name Change:	\$25.00
Return Check Fee:	\$25.00
Non-Refundable Administrative Fee on all applications:	\$50.00

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.

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 48 inches deep. If dug with a backhoe, the holes must be 30 inches wide and 60 inches deep. The holes should be spaced 30 to 50 feet apart and should be dug along the contour of the ground. (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 or spring water supply.

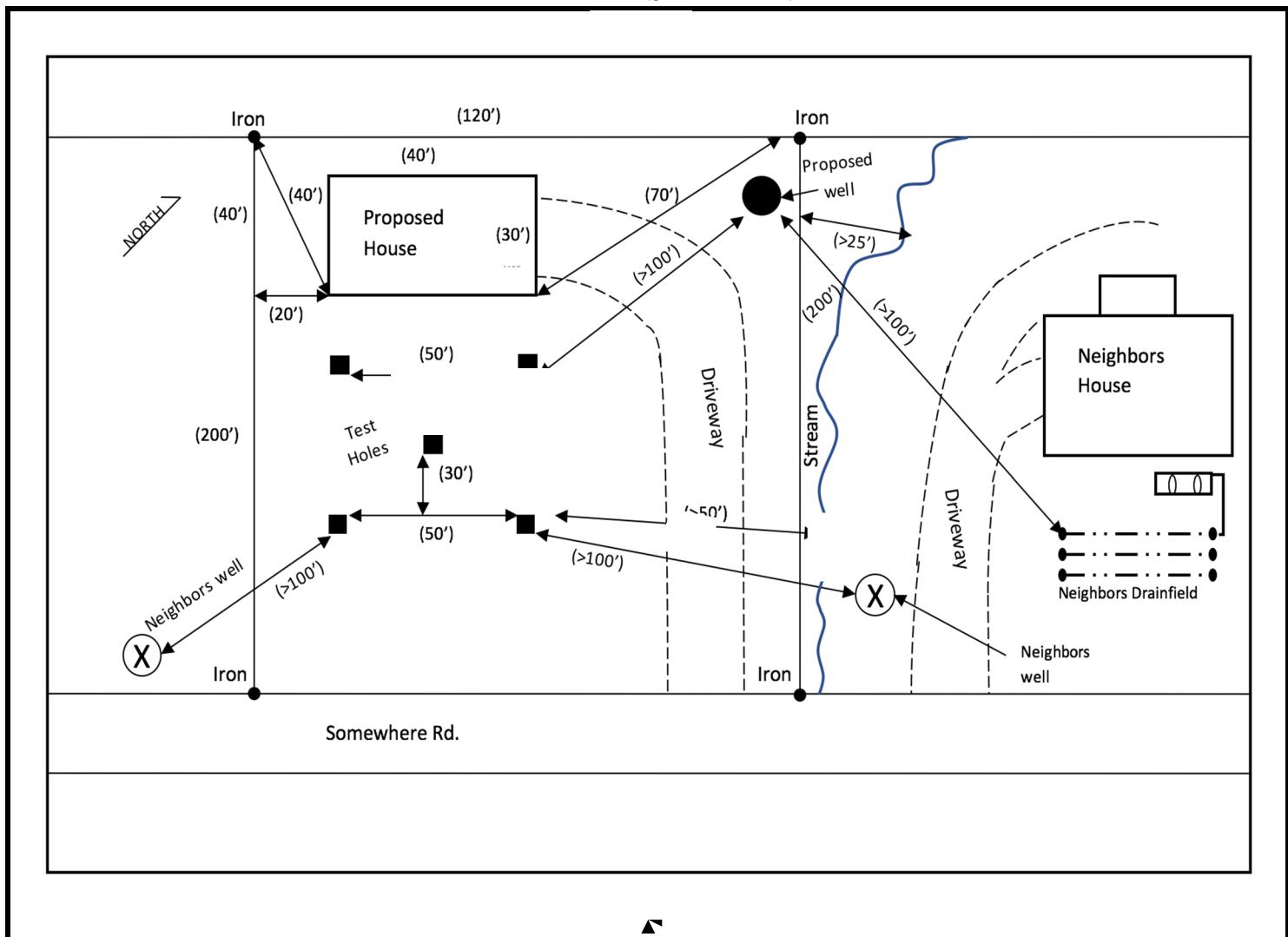
Grading and excavation of the property is not recommended prior to this department's evaluation.

SHOW EACH OF THESE ON THE SITE PLAN:

1. Structures(s) (existing and/or proposed)
(Dimension of proposed structures including decks)
2. Distance to proposed structure(s) from two (2) different points or fixed benchmarks (see below)
3. Water supply sources (well or spring)
4. Driveway (existing and/or proposed)
5. Property corners & lines
6. Septic system(s) (existing and/or proposed)
7. Water lines (existing and or proposed)
8. 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 construction.

EXAMPLE SITE PLAN



AppHealthCare

ALLEGHANY COUNTY 157 Health Services Rd. Sparta, NC 28675 (336) 372-1888 (fax) (336) 372-5641 ext. 8560	ASHE COUNTY P.O. Box 208 Jefferson, NC 28640 (336) 982-3555 (fax) (336) 246-3356 ext. 8562	WATAUGA COUNTY P.O. Box 307 Boone, NC 28607 (828) 264-4997 (fax) (828) 264-4995 ext. 8564
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Septic and Well Permit Application Guide

Please complete only the required sections of the application that apply to the service you are requesting. The table below explains which sections are required for each service.

It is **HIGHLY ADVISED** to contact the county where the permit is located prior to submitting via mail or email. This will help prevent any delays with receiving and accepting your application.

Service Being Applied For:	Application Sections Required:	Survey/ Schematic required	Site plan required
New Septic System (Improvement Permit or IP)	1, 2, 3, 4, 8	Yes	Yes
Construction Authorization Permit or CA	1, 2, 3, 4, 8	Yes	Yes
New Well Construction Permit	1, 2, 4, 5, 8	Yes	Yes
Compliance Inspection	1, 2, 4, 7, 8	No	Yes
Well Repair Permit	1, 2, 4, 5	No	Yes
Septic Repair Permit	1, 2, 3, 4	No	Yes
Migrant Housing Inspection	1, 2, 3, 4	No	Yes
Expansion of an Existing Septic System	1, 2, 3, 4, 8	Yes	Yes
Septic Tank Relocation	1, 2, 3, 4, 8	No	Yes
Change of Existing Permit Well or Septic- Limited when only new CA needed Comprehensive when new IP and CA needed	1, 2, 3, 4, 8	Yes (unless attached to permit)	Depending on proposed change.
Well Abandonment	1, 2, 4, 6	No	Yes
Name Change	1, 2	No	No

- A site revisit fee of **\$150.00** will be charged for properties that are not prepared as specified in the instructions or as stated in the application in Section 8.

Only the Applicant or Authorized Agent, as designated on the appropriate form, will be allowed to pick up permits.

All applications must be signed and dated.

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Septic and Well Check List

1. **Prepare Site*:** _____
 - a. Property lines and irons marked onsite _____
 - b. Proposed house/building site staked onsite _____
 - c. Well site staked _____
 - d. Driveway marked _____
 - e. HOLES DUG _____ **may be dug later if Health Dept is going to meet a machine operator onsite.**
 - f. Call [811](#) to locate underground utilities and provide the ticket number on the application.
2. Turn in completed application containing _____
 - a. Survey plat or Schematic _____
 - b. Site plan _____

Wait time for finished permit will vary depending on number of active applications, weather, availability of installers/ contractors / surveyors, legal agreement requirements, etc.
3. Receive **Improvement Permit**** _____
 - a. Permit valid for 5 years or may be non-expiring if plat meets [requirements](#).
4. Apply for **Construction Authorization (CA)** _____ AND
New Well _____ when ready to build.
 - a. House/building and driveway shall be accurately staked/flagged onsite prior to applying. _____
 Additional fee may be required for CA depending on septic system type.
5. Receive **Construction Authorization Permit**** _____ AND
Well Construction Permit** _____
 - a. Construction Authorization valid for validity of Improvement Permit
 - b. Well Permit valid for 5 years
6. Have a...
 - a. Certified septic installer installs septic system _____
 - i. We will inspect system when licensed installer calls for final inspection.
 - b. Certified well driller drill well _____
 - i. We will inspect grout when licensed driller calls for inspection.
7. Once outside of house is finished (house foundation and all decks) and well is completed (pump installed and well head complete), applicant must call Health Department to request the:
 - a. **Operation Permit (will not be issued automatically after final inspection)** _____ AND
 - b. **Well Certificate of Completion** _____

Please note that this final process may take 1-2 weeks or longer if there are incomplete items.

 - c. Receive **Operation Permit (OP)** _____

OP will be required to receive your Certificate of Occupancy “CO” from Planning and Inspections.

The CO is required for power to be turned on.

*A \$150 revisit fee must be paid prior to the next site visit for sites not prepared as specified which may cause delays.

**Permit issuance is contingent upon site suitability which is determined during the soil and site evaluation by this department. This includes, but is not limited to: soil conditions, available space, topography, water features, other water supplies, sources of contamination to wells, etc.

SECTION 3**STRUCTURE INFORMATION:****Specifications:**

<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartments/Townhomes/Duplex
<input type="checkbox"/> Garage Apartment	<input type="checkbox"/> RV	<input type="checkbox"/> Business / Other**
Yes <input type="checkbox"/> No <input type="checkbox"/> Basement		
Yes <input type="checkbox"/> No <input type="checkbox"/> Water Fixtures in Basement		

Total Number of Bedrooms: _____
Max Occupants: _____

Special Fixtures: (Check all that apply)

. Garbage Disposal Oversized Tubs Multi-head Showers Multiple Master Bathrooms or Kitchens

Commercial or Non-Residential:**

Square footage of Building: _____

Description: _____

Number of Employees: _____ Hours of Operation: _____ Number of Seats: _____

All commercial building applicants must complete and submit the [**commercial questionnaire**](#) along with this application. Has this been completed and is attached? Yes No

SECTION 4**WATER SUPPLY INFORMATION:****Water Supply Information:** Proposed Well Spring Public Water Supply

Existing Well (Year drilled: _____. If existing well needs a repair, reason: Code compliance

Drilling deeper for increased yield Adding packer/liner for improved water quality

Other: _____

Well Contractor and Certification Number (if known): _____

Well is or will be used for (check all that apply):

Single Family Residence/Dwelling (one connection)

Shared Well (multiple houses/connections). Number of existing or possible future connections: _____

List the connections by Lot # and/or Parcel ID #: _____

Business, Restaurant, Child Care Center, Migrant Housing, etc). Description: _____

If different than the property described above, property the existing or proposed drinking water supply is located on. LOT #: _____ Parcel ID #: _____ Directions to the Water Supply (Address): _____

SECTION 5**WELL SITING INFORMATION:**

YES NO Is there or are you proposing to place a fuel tank(s) on the property? (Not including propane or natural gas tanks.)

YES NO Is there a fuel tank(s) on the adjacent properties?

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?

YES NO Are there any easements, or right of ways recorded on this property? If yes, attach a copy of the easement and /or right of way documentation.

YES NO Are there any existing or permitted septic systems? If yes, what year was it installed? _____ and under whose name was it permitted? _____

SECTION 6**WELL ABANDONMENT:**

Year the well was drilled: _____ Total depth of the well: _____ Casing depth of the well: _____

Describe why the well is being abandoned: _____

Is there any contamination of the water in the well? _____

SECTION 7**COMPLIANCE (ESA) INFORMATION:**

Compliance or Existing System Inspections cannot be conducted for real estate transactions or for septic system locate only. If you have an existing septic system, what year was it installed and under whose name was it permitted?

Reason(s) for inspection: (Check all that apply)

- Reconnection to existing septic system when proposed facility is in same footprint as existing/previous facility
- Reconnection when the proposed facility is not in same footprint as existing/previous facility
- Site modification (i.e. addition of a storage building, swimming pool, etc.)
- Expansion to footprint of existing facility (i.e. deck, family room, etc.)
- Evaluation of an existing septic system and well for a regulated establishment* Yes No

*Please note this type of evaluation only applies to an establishments which will be inspected by our Food and Lodging section (food service, lodging, institution, child care center, camp, tattoo, public pool, etc).

Are you requesting any changes to the wastewater design flow or wastewater strength (i.e. office being converted into a food service establishment)? Yes _____ No _____

Please describe the proposed addition or property improvement and the dimensions (i.e. storage shed 20 x 30 ft):

**SITE PREPARATION**

Please initial that you have completed the following. If found incomplete, a site revisit fee will be charged and priority will be given to other properties which have been properly prepared.

- _____ Property corners/lines clearly and correctly identified with survey irons
- _____ Right of way or easements marked
- _____ Proposed structures staked onsite (well site, buildings, driveway)
- _____ Site accessible (road / driveway condition fair, gate code provided, thick brush cleared, etc)
- _____ Test holes dug or machine operator contacted for pits. Our Department will schedule to meet with the operator on site to select the location for the pits.
- Machine operator: _____ Phone Number: _____
- _____ 811 called to locate underground utilities for the following types of applications: new septic, septic repair, septic expansion or tank relocation. Provide the ticket number: _____

All Health Department permits are subject to suspension or revocation if the site or the intended use changes or is altered; or the application is falsified or changed. The Improvement Permit (IP) is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; complete plat = without expiration). Construction authorizations (CA) are valid for the life of the IP. Compliance or ESA approvals are valid for 12 months.

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 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 complete site evaluation can be performed.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

DATE

Version
12/4247

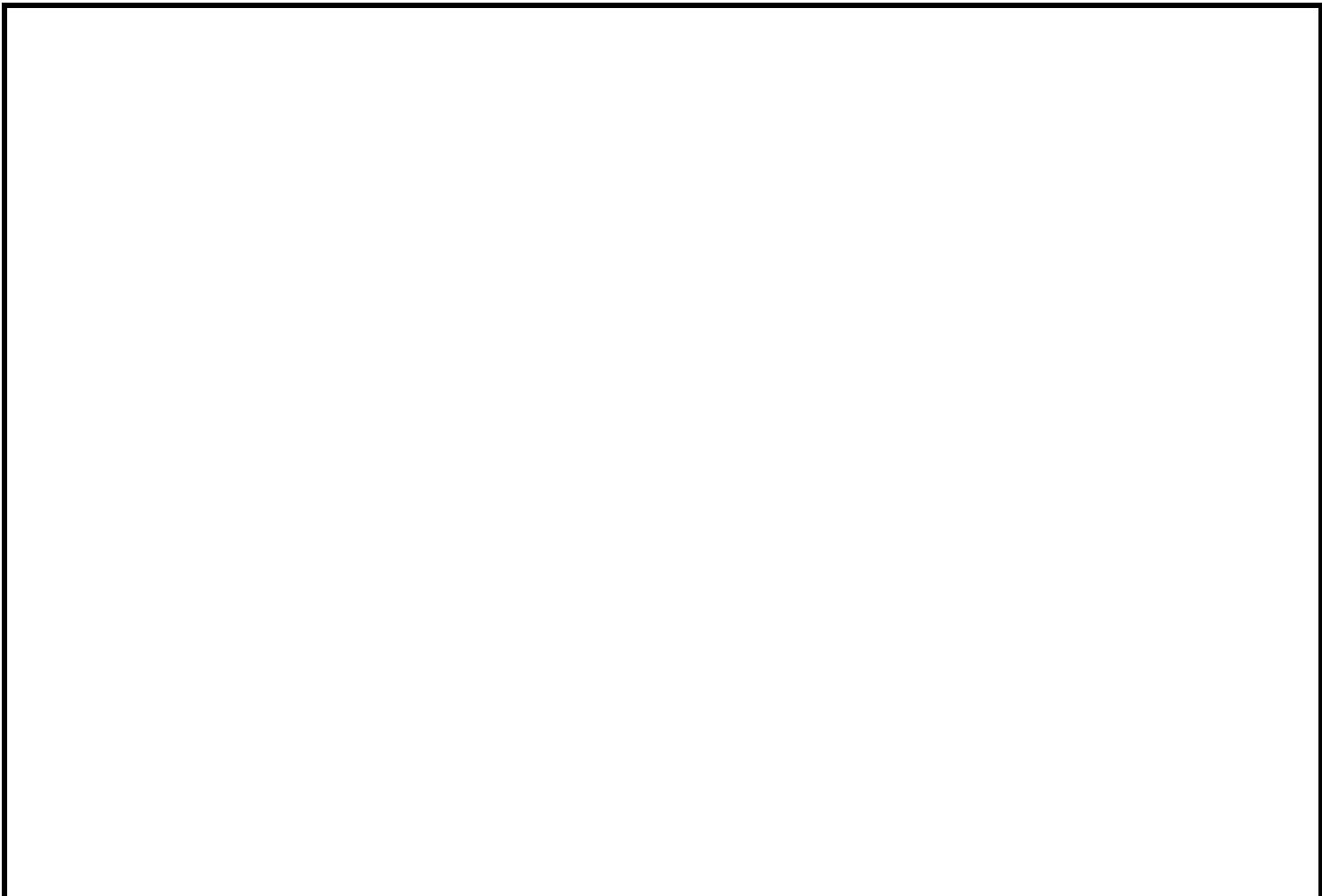
SITE PLAN ([see example](#))

Items to be shown on the site plan:

- **For Well application:** Easements, right of ways, all property boundaries, at least one of which is referenced to a minimum of two landmarks such as identified roads, intersections, streams or lakes within 500 feet of proposed well or well system; all existing wells, identified by type of use, within 500 feet of proposed well or well system; the proposed well or well system; any test borings within 500 feet of proposed well or well system; and all sources of known or potential groundwater contamination (such as septic tank systems; pesticide, chemical or fuel storage areas; animal feedlots, as defined by G.S. 143-215.10B(5); landfills or other waste disposal areas) within 500 feet of the proposed well.
- **For Septic application:** Structures (existing and proposed), distances to structures from fixed points, water supply source(well or spring head), driveway(existing and/or proposed), property corners and lines, septic systems (proposed and/or existing), all existing water lines, wells within 100' of property, all surface water (springs, streams, ponds...), all right of ways (electric, water, road, etc...), any easements, and subsurface drains.
- **For Compliance (ESA) application:** Existing structures, existing and proposed grading and roads, proposed structure with measurements, well location, property lines, and septic tank and drainfield location.

NAME: _____

DATE: _____



OWNER / AGENT AUTHORIZATION FORM

PROPERTY TO BE EVALUATED

(Must fill out completely)

Owner of Property: _____ Rj qpg #: _____ aa _____ "Go ck"aaaaaaaaaaaaaaaaaaaaaaa

Rctegn"TRIP "%" aaa _____ Uwdf kkkqp'P co g"aaaaaaaaaaaaaaaaaaaaa Lot #: _____ ""Section #: _____

PROPERTY OWNER'S AUTHORIZATION FOR APPLICANT *Potential Buyeraaa" ""Pgkj dqt "aaa*

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 AppHealthCare. 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 AppHealthCare (i.e backhoe pits, surveying, clearing the lot of underbrush),
- (4) Having Inspector(s) access my property to locate 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.

(Owner's signature)

(Date)

Applicant Phone #: _____

Applicant Email: _____

"

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

I, _____ *(name of applicant)*, being the applicant for an Improvement Permit / Construction Authorization for Wastewater System and/or a Well permit do hereby authorize _____ *(name of agent)* 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 AppHealthCare (i.e. backhoe pits, surveying, clearing the lot of underbrush),
- (4) Having Inspector(s) access my property to locate all pertinent fuel storage tanks, wells, springs, septic systems, etc...

"I understand that I or my legal representative "o wu'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)

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