



AppHealthCare Environmental Health Application Fees

Effective 7/1/26



Onsite Wastewater (Septic)	Fee	
Improvement Permits (IP)	Residential	Non-Residential / Commercial
1 – 3 Bedrooms / RV or Commercial 100 - 360 gpd	\$1,200	\$1,400
Difference to go from 3 to 4 Bedroom	\$250	n/a
4 – 5 Bedrooms Residential or Commercial 361 - 600 GPD	\$1,400	\$1,600
If flow rates exceed 600 gpd, each additional 480 gpd	\$800	\$1,000
Septic Expansions	\$1,550 for up to 4 add'l bedrooms \$375 for each add'l bedroom	\$1,750 for first 480 gpd \$450 for each add'l 120 gpd
Septic Repair	\$300 for 1-3 bedrooms \$450 for 4+ bedrooms or vacation rentals	\$450
	Full permit fee when initial system was private option	
Limited Change on Existing Permit - no soil evaluation needed and only a Construction Authorization issued	\$700 for 1-5 bedroom \$900 for 6+ bedroom	\$900
Comprehensive Change on Existing Permit - soil evaluation needed and new Improvement Permit and Construction Authorization issued	Full permit fee with new application	
Construction Authorization (CA) - gravity CA included with Improvement Permit (IP) fee	\$525 for Simple Pump (Type IIIB) \$725 for Drip, Pretreatment or Large (Type IV, V, VI)	
Relocation of Septic Tank	\$675	
Privy, Incinerating Toilet - Type I	\$675	
Compliance (Existing System) Inspection	\$375	
Revisit Fee - inadequate site prep, re-flagging, broken appt	\$300 per visit	

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

Well Permits	Fee
New Well Permit - This fee includes the site evaluation, permit, grouting inspection (when required), well head inspection, and state mandated lab analysis of water (test includes Coliform, Nitrate/Nitrite and Inorganic sampling)	\$625
Well Abandonment	\$450
Change on Existing Well Permit	\$450
Well Repair	\$125 for emergencies (low/no yield or water quality issues) \$275 for property improvement or checking code compliance
Variance Request - filing fee	\$100
Revisit fee - inadequate site prep or broken appts	\$300 per visit

Migrant Housing	Fee
Pre-Occupancy Evaluation	\$450 per house / facility to be inspected

All of the above fees include a nonrefundable site evaluation fee equal to one-half the application fee plus a \$50 admin fee.

Admin Fees	Fee
Permit Name Change	\$25
Return Check	\$25
Non-Refundable Admin Fee on All Applications	\$50
Notary Fee	\$10

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.

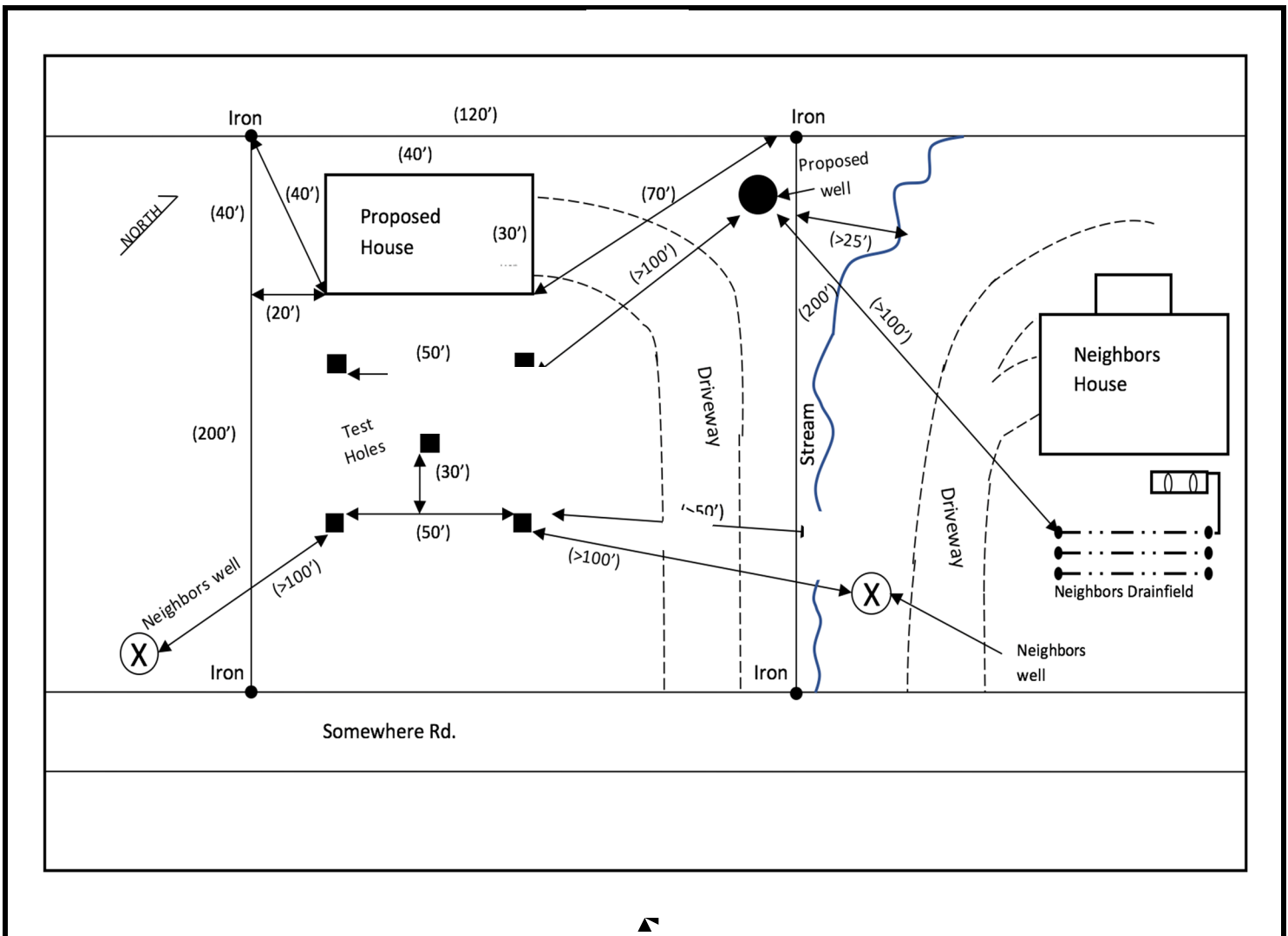
Grading and excavation of the property is not recommended prior to this department's evaluation.

SHOW EACH OF THESE ON THE SITE PLAN:

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

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.

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

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](tel: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.**



APPLICATION FOR ON-SITE WASTEWATER AND WELL PERMITS

Instructions for completing the application, fee information, helpful checklist and websites can be located here. Section 1 must be completed by all applicants. Please click on Section headings or on each type of application to learn what needs to be completed.

Date Received:
CDP File #:
Initials:
AppHealthCare Use Only

SECTION 1

INITIAL the appropriate line(s):

NEW SEPTIC SYSTEM* (Improvement Permit and Construction Authorization)
CONSTRUCTION AUTHORIZATION (Improvement Permit previously issued)
A2 IMPROVEMENT PERMIT
SEPTIC REPAIR PERMIT* (submit questionnaire)
EXPANSION OF AN EXISTING SEPTIC SYSTEM*
CHANGE OF EXISTING PERMIT - Well or Septic - Limited Comprehensive
NEW WELL CONSTRUCTION PERMIT
WELL ABANDONMENT PERMIT
WELL REPAIR PERMIT
A2 CONSTRUCTION AUTHORIZATION
RELOCATION OF SEPTIC TANK,
COMPLIANCE (ESA) INSPECTION
MIGRANT HOUSING INSPECTION
NAME CHANGE

SECTION 2

Applicant (Potential buyer or property owner): a

Contact Number: Email:

Mailing Address:

Y j q'lj qwf "dg"eqpcevfg "tgi ctf lpi 'vj g'ucwu'qh'vj ku'cr r rdecvqp<*****'aaCr r rdecv'aaQy pgt''''aaCi gpv'TTgr

Owner of Property:

Contact Number: Email:

Mailing Address:

* If Applicant is not the Owner of the property, Owner and Applicant must complete the Owner / Agent form.

Agent (or Applicant's Representative): aaaa

Contact Number: Email:

Mailing Address:

* If an Agent is used, Owner and Agent must complete the Owner / Agent Form.

INFORMATION ON THE PROPERTY TO BE EVALUATED: County: Alleghany Ashe Watauga

Address: Gate Code:

Directions to Property:

Parcel ID/ PIN: Date Platted: (Date property recorded with the county)

Property Size: Subdivision Name: Lot #: Section:

YES* NO Are there any easements or right of ways on this property?
YES* NO Does the site contain any existing wastewater systems?
YES NO Is this property subject to watershed restrictions or does it contact jurisdictional wetlands?
YES NO Is any wastewater going to be generated on the site other than domestic sewage?
YES NO Is the site subject to approval by any other public agency? If yes, please name the agency:

Septic System:

System type preference: Any Conventional Accepted Innovative Alternative
Are you applying for a: 5 yr expiring Improvement Permit or Non-expiring* Improvement Permit

*If applying for a non-expiring permit, our Dept will approve whether the plat meets these requirements.

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 ckn'aaaaaaaaaaaaaaaaaaaaaaaaaa

Rctegri'F "TRP "%" _____ aaa _____ Uwdf kxkukqp'P co g<'aaaaaaaaaaaaaaaaaaaaaa Lot #: _____ ""Section #: _____

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 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)

*****Ci gpv'qt'Cr r rkecpv'Tgr t gupv'kxg'Rj qpg%'aaaaaaaaaaaaaaaaaaaaaa*****'Go ckn'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa