

Lincoln County Health Department

Application for Improvement Permit, Construction Authorization And/Or Well Permit

<input type="checkbox"/> Improvement Permit (IP)	<input type="checkbox"/> Change to an Existing System	Permit # _____
<input type="checkbox"/> Construction Authorization (CA)	<input type="checkbox"/> Continued Use of an existing system	Permit # _____
<input type="checkbox"/> New/Replacement Well	<input type="checkbox"/> Repair Existing Well	Parcel ID # _____
<input type="checkbox"/> State Required Water Samples	<input type="checkbox"/> Well Abandonment	
<input type="checkbox"/> Expansion of Existing System		
<input type="checkbox"/> Repair to an Existing Subsurface Sewage Disposal System-----> Failure Type: <input type="checkbox"/> Backup in Home <input type="checkbox"/> Surfacing		

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT, AUTHORIZATION TO CONSTRUCT AND/OR WELL PERMIT SHALL BECOME INVALID.

Improvement, Repair, Expansion, Change and Well Permits are valid for 60 months. A Construction Authorization Permit is valid 60 months from the issuance date of the Improvement Permit.

A Continued Use of Existing System Permit shall be valid for 6 (six) months from date of issuance.
(Complete site plan = 60 months; Complete plat = without expiration)

GENERAL INFORMATION

Applicant Information

Please fill this section out completely

First Name	Last Name	Address	City	State	Zip Code
					()
<u>Email Address</u>					<u>Phone #</u>

Owner Information

First Name	Last Name	Address	City	State	Zip Code
------------	-----------	---------	------	-------	----------

PROPERTY INFORMATION

Please fill this section out completely

Date Originally Deeded and Recorded _____

Street Address (If Applicable) _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____

DEVELOPMENT INFORMATION

Residential Specifications

Please fill this section out completely if applicable

<input type="checkbox"/> New Single Family Residence	If Expansion:	Max Number of Bedrooms: _____	
<input type="checkbox"/> Expansion of Existing System		Current Number of Bedrooms: _____	
<input type="checkbox"/> Change to Existing System		Max Number of Occupants: _____	
		Foundation Type:	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Cement Slab
		<input type="checkbox"/> Basement <input type="checkbox"/> Basement Pumping	

Non-Residential Specifications

Please fill this section out completely if applicable

Type of Business: _____	Total Square Footage of Building: _____
Max Number of Employees: _____	Maximum Number of Seats: _____
	Public Restrooms <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Supply Information

Are there any existing wells springs or existing waterlines on this property? Yes No

New Well Existing Well Community Well Public Water Spring

System Preference

Indicate Desired System Type(s): (Rank in Order of Your Preference)

Conventional (Gravel) Accepted (Chambers or EPS) Innovative Other _____

Department of Health and Human Services Information

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the site contain any existing wastewater systems?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any easements or right of ways on this property?

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 marking of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Property Owner or Owner's Legal Representative** Signature (REQUIRED) _____ Date _____

**Must provide documentation to support claim as owner's legal representative.

MARKING SITE POLICY

Effective Date: November 1, 1998

1. If the lot is one acre or less, the applicant will be required to string all four sides of the lot. If the lot is greater than one acre, then the applicant will need to string one acre around the facilities' building site. The applicant must string the facilities' building site, the drive way and any other structures planned for the site.
2. All of the property corners must be clearly marked.
3. The site must be reasonably clear around the facilities' building site so that a proper evaluation of the site can be completed. **Any clearing required to complete your septic permit will require the applicant to check with Lincoln County Soil & Water Conservation to obtain any necessary erosion control permits if applicable. This department can be contacted at (704) 736-8501.**
4. **Items' one through three must be completed prior to evaluating the site. Effective January 1, 2003, Failure to do so will result in a delay of completing your application and a wasted trip fee of \$ 50.00. The wasted trip fee must be paid before our office can revisit the lot.**
5. When the applicant has completed items one through three, please call (704) 736-8426 to let this office know that your site is ready for the evaluation. After receiving your call, **the evaluations will be completed in order as received, depending on the weather and Lincoln County's holiday schedule.**

*****The marking policy includes both
Improvement Permit and Construction
Authorization Permit if applied for separately.**

NOTICE OF FEE POLICY FOR ENVIRONMENTAL HEALTH

Effective Date: May 28, 2010

Fees must be paid at time of application and are non-refundable unless the application is withdrawn prior to the first site visit. The fee covers our field costs only (staff time and mileage for visits/consultations, plus supplies and equipment). The current fee schedule was made effective and based on costs as of July 2021. The fee schedule is posted. If you have questions, please ask one of our staff.

I have read, understand and agree to the policies stated above.

Applicant

Date