Improvement Permit and Authorization to Construct Application

You must submit a plat of your property with this application. Please show the location of the residence or building including decks, porches, and any other improvements such as pools, driveway, and other structures on the plat.

Pin # _____

Applicant Information

_____	_____	_____
Applicant	Address	Home & Work Phone
_____	_____	_____
Owner	Address	Home & Work Phone

Property Information Date Originally Deeded and Recorded _____

_____	_____	_____
Street Address	Subdivision Name	Section/Phase/Lot #

Directions to Site:

_____

_____

_____

Development Information

☐ New Single Residence
☐ Expansion of Existing System
☐ Repair to Existing System
☐ Non-Resident Type of Structure

Residential Specifications

Max Number of Bedrooms _____
If Expansion: Current Number of Bedrooms _____
Will there be a basement: ☐ Yes ☐ No
Plumbing Fixtures in Basement: ☐ Yes ☐ No

Non-Residential Specifications:

Type of Business: _____ Total Square Footage of Building: _____
Minimum Number of Employees: _____ Maximum Number of Seats: _____

Water Supply

☐ New Well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring

If the information in the application for Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid.
The Improvement Permit issued pursuant to this application shall be valid for 60 (sixty) months from the date of issuance when accompanied with a site plan. The Improvement Permit shall be valid without expiration when a plat is provided.

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 Does the site contain any jurisdictional wetlands"
☐ Yes ☐ No Does the site contain any existing wastewater systems?
☐ 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?
☐ Yes ☐ 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 labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

_____ _____

Property owner's or owner's legal representation ** Signature (Required) **Date**
**** Must provide documentation to support claim as owner's legal representative**

Swain County Health Department
545 Center Street, Bryson City, NC 28713

Alison Cochran, REHS,MHS
Health Director

Phone (828) 488-3198
Fax (828) 488-8672

Property Owner _____ **Pin #** _____

Swain County Health Department – Environmental Health
545 Center Street
Bryson City, NC 28713
Phone (828) 488-3198
Fax: (828) 488-8672

Environmental Health Section
Instructions for Applicant

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items below be completed prior to the scheduled visit. By completing these items, it reduces the time on the lot and the need for return visits. We appreciate your assistance and cooperation.

If you are applying for an Improvement Permit, you will only need to complete items **1-6**. For an Authorization to Construct, please complete items **1-8**.

1. _____ Application for Improvement Permit/Authorization to Construct has been completed.
2. _____ A scaled map of the property (other than tax map) with dimensions or a survey plat has been provided. If you are unable to provide an accurate plat or map, please discuss options and alternatives with the Environmental Health Staff prior to the scheduled visit.
3. _____ All property corners and boundaries have been marked on site.
4. _____ All wells, springs, or surface waters within 100 feet of the property boundaries have been located.
5. _____ The approximate location and size of the proposed building have been indicated on site. **(APPLIES TO IP'S)**

Note: All property corners, lines/boundaries must be clearly marked or otherwise identified. It is recommended that visible flagging be used every 25 feet where property lines are within 100 feet of the proposed building site.

6. _____ Undergrowth needs to be cleared to the point that the property is accessible. The Environmental Health Specialist must have clear visibility for at least 50 feet from any one location in order to take accurate measurements and design the system along contours.

Note: All proposed structures, including decks, porches, garages, etc. must be stacked out on the site with stakes or flags. The Environmental Health Specialist must be able to identify these proposed structures before site evaluation can be performed.

7. _____ The location of the driveway has been staked.
8. _____ All proposed structures in their exact locations on the site have been staked.

Note: Under certain circumstances the owner or applicant may be required to have test pits (backhoe pits or hand dug pits) dug before the evaluation can be completed.

• Above items must be completed or the evaluation cannot be conducted. Please be advised that a revisit fee ($50.00 per site) will be assessed if the site visit is made and above items are not completed.

Please fax or mail this form to the Environmental Health Section at Swain County Health Department at fax number (828) 488-8672

An appointment will not be scheduled until we receive this form signed and dated.

I have completed the requirements listed above and have the property prepared for a soil/site evaluation.

_____ _____
Signature of Applicant Date

_____ _____
Signature of EH Staff Date

You must indicate a desired system type and rank in order of your preference. You must select at least one type. Place a 1 beside your desired first choice, a 2 beside your desired second choice, etc.

☐ Conventional/Accepted ☐ Modified Conventional ☐ Alternative

☐ Other (specify): _____

See the description of each system type below

_____

Signature **Date**

CLEARLY STAKE ALL PROPERTY LINES, PROPERTY CORNERS AND CORNERS OF ALL PROPOSTED STRUCTURES

System Types

Conventional/Accepted

1. **Graveled**
   - This system consists of corrugated pipe and gravel. It requires a minimum of 36 inches of suitable or provisionally suitable soil. A conventional system may require a pump depending on the location of the house and the septic system area.
2. **Gravel less Trenches**
   - **Large Diameter Pipe:** This system consists of 8 or 10 inch corrugated tubing with a nylon/polyester bend filter wrap. It requires 28 – 30 inches of suitable or provisionally suitable soil.
   - **Chambered Systems:** These systems consist of plastic black panels that connect together in the nitrification trench. No gravel is used in this system. One must check the manufacturer requirement for specific. This system will allow up to 25% reduction in linear footage when compared to a graveled conventional system. This system requires written authorization from respective manufacturers for approval of installers.
   - **Polystyrene Aggregate:** This system consists of 3 cylindrical bundles of double-e shaped expanded polystyrene in a netting material. The center bundle contains 4 inch corrugated tubing. No gravel is used in this system. One must check the manufacturer requirement for specifics. This system will allow up to 25% reduction in linear footage when compared to a graveled conventional system. This system requires written authorization from respective manufacturers for approval of installers.

Modified Conventional

1. **Shallow Conventional**
   - This system may go in shallower soil but has the same components as a conventional system. It requires a minimum of 24 inches of suitable or provisionally suitable soil. This system may require additional soil to cover the system. A pump may be required depending on the location of the house and the septic system area.
2. **Prefabricated, Permeable Block Panel System**
   - This system consists of concrete blocks that are specially constructed to promote down line and horizontal distribution of the sewage. This system requires a minimum 42 inches of suitable or provisional suitable soil. This system will allow up to a 50% reduction in the nitrification line. These systems require written authorization from respective manufacturer.

Alternative

1. **Low-Pressure Pipe Systems**
   - This system is used where suitable or provisionally suitable soil depth inhibits the use of a conventional system soils. A minimum soil depth of 20 inches is required which will require additional soil cover. This system consists of a series of small diameter pipe that require a pump to pressure does the system. The certified operator is required for this type of system.
2. **Fill System**
   - This system requires 18 inches of naturally occurring suitable or provisional suitable soil. The system requires suitable soil brought in to the sire and extensive site preparation be done.

Other

1. **Experimental and Innovative Systems**
   - This summary does not include innovative and experimental systems. For information on the innovative systems, refer to the innovative and Alternative Wastewater system approvals issued by the Division of Environmental Health. Also, check the website at: http://ehs.ncpublichealth.com/oswp

If there are questions about any of these systems, please contact your septic tank contractor or call the manufacturer of the system.

Swain County Health Department Environmental Health Section
Lot Evaluation Information

- The Application for Lot Evaluation is valid for **one year** from the date the application is received in the office.
- A plat/survey of the property must be submitted at the time the application is submitted.
- Refunds must be requested within 90 days after the date of the Application for Lot Evaluation is received in office. If no action occurred other than processing the application, all but $20.00 will be refunded.
- If the lot evaluation determines the lot "unsuitable" the fee for the completion portion of the inspection will be refunded.
- If additional visits to the lot are required, a $50.00 consultative visit charge will be assessed.

Requirements for Property Owner/Agent Prior To Initial Site Visit

- Property lines and corners shall be clearly marked.
- Area to be evaluated shall be cleared enough to allow Environmental Health Specialist to perform the procedures of the evaluation.
- The locations of the residence/business, the driveway, water supply and other proposed structures shall be clearly identified on the property.
- **NO GRADING OR OTHER SOILD DISTURBANCE SHALL BE PERFORMED PRIOR TO THE INITIAL SITE VISIT BY THE ENVIRONMENTAL HEALTH SPECIALIST.**

Information for Persons Owning or Controlling Property
With Subsurface Sewage Disposal Systems

- From the North Carolina General Statutes – Article 11, Chapter 130A-335
  (a) A person owning or controlling a residence, place of business or a place of public assembly shall provide an approved wastewater system.
- From the North Carolina Administrative Code – Title 15A, Subchapter 18A, Section 1961 (Maintenance of Sewage Systems)
  (a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system:
    1. Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions:
       A. A discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into ground water at any time; or
       B. A back up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or
       C. A free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made greater than 24 hours after a rainfall event.

       The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank at a frequency greater than once per month in order to satisfy the conditions of Parts A, B or C of this paragraph. Legal remedies may be pursued after an authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.
    2. Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Swain County Health Department
Onsite Wastewater Evaluations and Inspection Fees

Residential

- Improvement Permit (IP) only	2-3 Bedroom	$400.00
- Authorization to Construct (AC) only	2-3 Bedroom	$400.00
- IP/AC	2-3 Bedroom	$400.00
- IP Only	4-5 Bedroom	$560.00
- AC Only	4-5 Bedroom	$560.00
- IP/AC	4-5 Bedroom	$560.00
- IP Only	6-7 Bedroom	$680.00
- AC Only	6-7 Bedroom	$680.00
- IP/AC	6-7 Bedroom	$680.00
- Existing System Inspection		$150.00
- Additional Bedroom		$200.00
- Operation Permit Type 4 & Above (5 Year Inspection)		$350.00

Commercial

- 0 – 360 Gallon	$550.00
- 361 – 1000 Gallon	$900.00

BOARD OF COMMISSIONERS
PHIL CARSON, CHAIRMAN
DAVID MONTEITH, VICE-CHAIR
STEVE MOON, MEMBER
BEN BUSHYHEAD, MEMBER
DANNY BURNS, MEMBER

HUMAN SERVICES BOARD
INTERIM DIRECTOR
KEVIN KING

SWAIN COUNTY

HEALTH DEPARTMENT
DIRECTOR
ALISON COCHRAN

ADDRESS:
SWAIN COUNTY HEALTH DEPT.
545 CENTER STREET
BRYSON CITY, NC 28713
PHONE: 828.488.3198
FAX: 828.488.8672

AUTHORIZATION TO ACT AS AGENT

I, _____, am the legal owner of the property.

PIN # _____, in Swain County, North Carolina.

I do hereby authorize _____ (Authorized Agent's Name)

to act on my behalf in applying for and obtaining from Swain County Environmental Health,

an Improvement Permit and/or Authorization to Construct and/or Operations Permit and/or Well Permit

on my property.

_____

Owner's Signature Date Telephone Number

_____

Authorized Agent Signature Date Telephone Number