

**Forsyth County Department of Public Health
 Division of Environmental Health
 SERVICE INVOICE
 Onsite Water and Wastewater**

DATE OF APPLICATION _____

APPLICANT NAME _____

TELEPHONE NUMBER _____

OWNER NAME _____

SITE ADDRESS _____

TAX BLOCK _____ TAX LOT _____ PIN NUMBER _____

<u>APPLICATION FOR:</u>	<u>CODE</u>	<u>FEE</u>	<u>COST</u>
SOIL SITE APPLICATIONS/REVISIT/REDRAW			
(SSA) SOIL SITE APPLICATION: Any 3,4,5, or 6 bedroom house			
_____ LOTS @ _____/LOT	1105	\$ 170	_____
(SSI) 480-1500 GPD (business or church)	1105	\$ 360	_____
(SS2) 1500-3000 GPD	1105	\$ 545	_____
(SS3) >3000 GPD	1105	\$ 1922	_____
(REV) Revisit	1105	\$ 47	_____
(RED) Redraw	335	\$ 31	_____
SEPTIC TANK SYSTEMS			
(LPP) LPP SYSTEM	310	\$ 267	_____
(TPN) T&J Panel New	310	\$ 257	_____
(CGN) Conventional or Alternative, Gravity, New	310	\$ 195	_____
(CGR) Conv. or Alternative, Gravity, T&J Panel Repair	310	\$ 170	_____
(PMP) Any pump installation (new Installation only)	310	\$ 52	_____
EXISTING SEPTIC TANK SYSTEMS			
(MHP) Mobile Home Connection in Existing Park	1107	\$ 98	<u>98.00</u>
(HDR) Health Department Release	1107	\$ 47	<u>47.00</u>
WELLS			
(NWC) Water Supply Well Not for Human Consumption Construction Permit	336	\$ 298	_____
(DWC) Drinking Water Well Construction Permit	336	\$ 360	_____
(WAB) Well Abandonment	336	\$ 129	_____
(WSB) Water Sample, Bacteria	1106	\$ 37	_____
(WSF) Water Sample Fluoride	1106	\$ 39	_____
(WSI) Water Sample Inorganic	1106	\$ 74	_____
(WSN) Water Sample Nitrate/Nitrite	1106	\$ 39	_____
(WSP) Water Sample Pesticide	1106	\$ 88	_____
(WSL) Water Sample Petroleum	1106	\$ 88	_____
(WSO) Water Sample Organic (VOA)	1106	\$ 88	_____
(WSU) Water Sample Uranium (plus 3 metals)	1106	\$ 75	_____
(WIB) Water Sample Iron Reducing Bacteria	1106	\$ 63	_____
(WSR) Water Sample Sulfate Reducing Bacteria	1106	\$ 70	_____
(WIN) Water Supply Inorganic and Nitrate	1106	\$ 79	_____
TOTAL ENCLOSED:			\$ _____

You may hand deliver the application and fee between the hours of 7:00 a.m. and 4:45 p.m.
 to: Forsyth County Department of Public Health - Environmental Health Division
 799 Highland Ave. Winston Salem, NC 27101 Telephone: (336) 703-3225 Fax: (336) 727-2183

or mail to: Forsyth County Department of Public Health - Attn: Environmental Health Division
 P. O. Box 686 Winston Salem, NC 27102-0686

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK OR MONEY ORDER - THERE IS A \$25.00 RETURNED CHECK FEE

Application for Health Department Release



IF THE INFORMATION IN THE APPLICATION FOR A HEALTH DEPARTMENT RELEASE IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE HEALTH DEPARTMENT RELEASE SHALL BECOME INVALID.

APPLICANT INFORMATION

Applicant/Owner	Address: City, State, Zip	Home/Work Phone
Property Owner	Site Address: City, State, Zip	

PROPERTY INFORMATION

Type structure (single family, multi-family, mobile home, church, business) _____ and Year Built _____

Subdivision Name	Tax Lot #	Tax Block	Pin #	Plat Date (336)703-2300 Ext: 2
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Directions to site: _____

-----INFORMATION NECESSARY TO OBTAIN A HEALTH DEPARTMENT RELEASE-----

- A. Existing Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____
- B. Proposed improvement: (i.e., room, outbuilding, swimming pool, driveway, etc) _____
 You must flag your proposed improvement.
- C. Minimum Setback Requirements. For Proposal - call 727-2624 Front _____ Back _____ Left _____ Right _____
- D. Water Supply: WELL _____ PUBLIC _____ COMMUNITY WELL _____
- E. Non-Residential Specifications: # of Employees _____ Total Square Footage of Building _____
 Type of Business: _____ # of Seats: _____ Other: _____
- F.
 - 1. Site Plan (see example) include your improvement, driveways, septic and well areas.
 - 2. Mark the corners of the location of the improvement and property corners with stakes.

Note: a re-visit fee of \$47.00 will be charged if not marked.

UNDERGROUND UTILITIES LOCATION

You must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site investigation. There is no charge for this service. The NC One Call Center will issue you a reference/ticket number and a date that they will visit to mark the underground lines.

REFERENCE/TICKET NUMBER: _____ **VISIT DATE:** _____

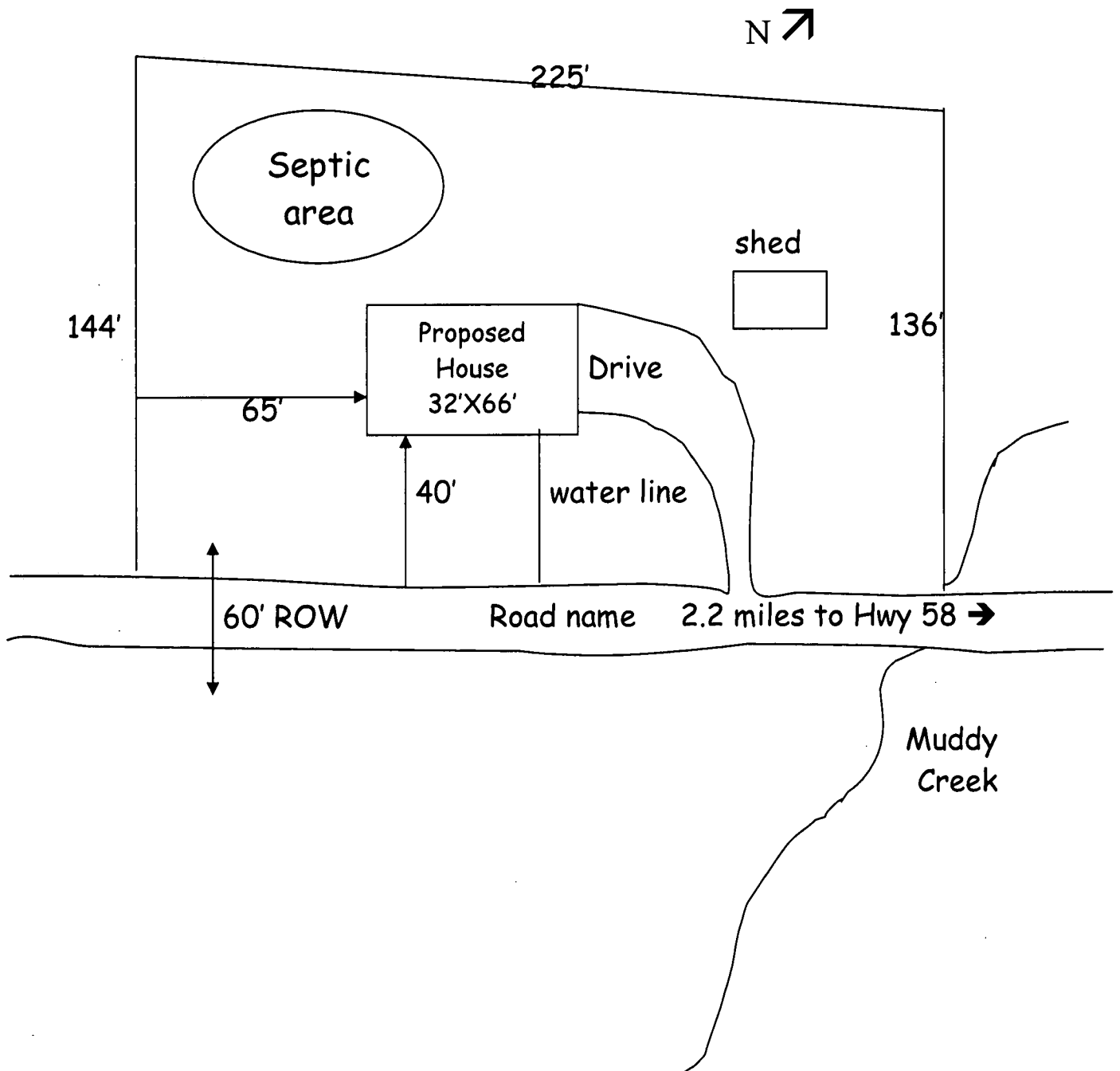
I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. **I understand that I am solely responsible for the proper identification and labeling of all property corners, underground utility lines, and making the site accessible so that a release investigation may be performed.**

Property Owner's or Owner's Legal Representative Signature Required

Date

Example Site Plan

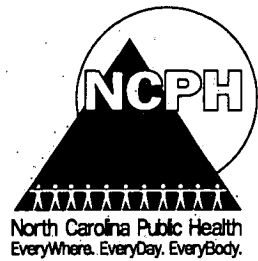
This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 703-3225



Forsyth County Department of Public Health

Marlon B. Hunter, BSEH, MAOM
Public Health Director

Robert E. Whitwam
Director, Environmental Health



AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, _____, am the legal owner of the property located
at _____, identified as lot(s) _____,
Block _____, PIN(Parcel Identification Number) _____, located in Forsyth County, North
Carolina.

I do hereby authorize (print authorized agent/company name) _____,
_____, _____,
_____, to act as an agent on my behalf in applying for/signing/obtaining any of the
documents described below.

1. improvement permit (IP)/construction authorization (CA).
2. application for soil-site evaluation (new/repair).
3. application/permit for water well/well abandonment.
4. application for health department release.
5. application for improvement permit (IP)/construction authorization (CA).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Forsyth County Environmental Health Division, Forsyth County Department of Public Health. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner Date

Signature of Witness Date

Minimum Separation Distances from Septic Systems

The below listed minimum separation distances as stipulated in North Carolina General Statutes 130A-335 (e), (f), are the **most commonly used** in planning for a home or small business. If there are specific questions or unusual situations on your proposed or existing building lot, check with the health department for specific circumstances.

Any private water supply source	100 feet
Any public water supply source	100 feet
Any lake or pond	50 feet
Any building foundation	5 feet
Any basement	15 feet
Any property line	10 feet
Any property line	10 feet
Any swimming pool	15 feet