



| OWNER / CONTACT INFORMATION | | |
|--|-----|--|
| PROPERTY OWNER | | PHONE/FAX |
| MAILING ADDRESS | | EMAIL |
| CONTACT | | PHONE/FAX |
| MAILING ADDRESS | | EMAIL |
| PROPERTY INFORMATION | | |
| ADDRESS | | ACREAGE DATE RECORDED |
| SUBDIVISION | LOT | PARCEL# |
| DIRECTIONS | | |
| ----- | | |
| ----- | | |
| SITE CHARACTERISTICS | | |
| EXISTING WATER SUPPLY <input type="checkbox"/> Spring <input type="checkbox"/> Single Family Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Non-Residential <input type="checkbox"/> Public Water Supply <input type="checkbox"/> None | | |
| MY CURRENT WATER SUPPLY IS DRY <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| *If applying for a new structure will it be served by the existing water source or will it require a new one* <input type="checkbox"/> Future New <input type="checkbox"/> Share Existing | | |
| Is the site subject to approval by any other public agency? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the site contain existing wastewater system(s)? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is the site within a floodzone as defined by Macon County Ordinance? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the site contain any chemical, waste or petroleum fuel storage, landfill or known underground contamination? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are there any easements or right of ways on the property? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is any wastewater, other than domestic sewage, going to be generated on site? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is the site within a state classified watershed boundary? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the site contain any Army Corps of Engineers delineated jurisdictional wetlands? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES is checked, indicate on site plan | | |
| COMMENTS: | | |

| ON-SITE WASTEWATER SYSTEM | | | | |
|---------------------------|--|-------------------------------|--|--|
| APPLYING FOR | <input type="checkbox"/> Improvement Permit <input type="checkbox"/> Construction Authorization | | PREFERRED DRAINFIELD | |
| RESIDENTIAL | BEDROOMS | OCCUPANTS | BASEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | PLUMBING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REPAIR | DESCRIBE FAILURE | | | |
| EXPANSION | FLOW TO ADD | EXISTING # OF BEDROOMS | | |
| | YEAR SYSTEM WAS INSTALLED | OWNER AT TIME OF INSTALLATION | | |
| Commercial | PURPOSE OF STRUCTURE | # OF EMPLOYEES | MAXIMUM SEATING | SQUARE FOOTAGE |

| PRIVATE DRINKING WATER WELL | |
|-----------------------------|---|
| APPLYING FOR | <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> HYDROFRACTURE (REPAIR) <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> SITE VISIT |
| WELL TYPE | <input type="checkbox"/> SINGLE FAMILY WELL <input type="checkbox"/> SHARED WELL <input type="checkbox"/> NON-RESIDENTIAL (Explain) _____ |

I have read this application and certify that the information provided herein is true, complete and correct. If the information in this application is falsified, changed, or the site is altered, the permit shall become invalid. Authorized officials are granted right of entry to conduct necessary inspections. The site will be made accessible and property lines marked. Issuance of permit by MCPH does not guarantee or imply approval of future permit applications by this or any other agency. This application is valid for one year from date application received by our office.

CONTACT US:
1830 Lakeside Dr, Franklin NC 28734
(828) 349-2490, (828) 349-2489
(828) 349-4136 fax, www.maconnc.org

_____ Date
Owner or Legal Representative

| | | | | | |
|-------------------------------|------------|----------|--------------|----------|-------------|
| ENVIRONMENTAL HEALTH USE ONLY | SEPTIC LOG | WELL LOG | DATE RCVD BY | FEE PAID | ASSIGNED TO |
|-------------------------------|------------|----------|--------------|----------|-------------|



Macon County
Public Health

**LEGAL REPRESENTATIVE DESIGNATION
ON-SITE WASTEWATER/ PRIVATE WELL
ENVIROMENTAL HEALTH**

Date _____

I, _____, hereby grant _____
Owners' name (print) Legal Representative (print)

permission to act as my legal representative to apply for Macon County Site Evaluation, Permitting, and Inspection activities for my property located at:

| | | |
|-------------|-----|---------|
| ADDRESS | | PID# |
| SUBDIVISION | LOT | ACREAGE |

Applicant assumes responsibility for ensuring that the well(s) and/ or on-site wastewater system will be located, constructed, maintained and abandoned in accordance with state requirements.

The owner or his agent shall see that a permit is secured prior to the beginning of construction of any well/ on-site wastewater system for which a permit is required.

The person owning or controlling the well/ on-site wastewater system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair.

 Owners' signature Date

 Legal Representative's signature Date

SITE PLAN WORKSHEET AND APPLICATION CHECKLIST

Place a mark beside each of the following items that has been indicated on your site plan, **incomplete site plans and applications will be returned for completion**. Remember: Your property will not be scheduled for an evaluation until: we have received a completed application; we have received a site plan; all proposed items are marked on the property and the fee has been paid. If we attempt to evaluate your property and it has not been prepared according to these instructions, your application will be placed on inactive status. Your application will be returned to active status when we have confirmation that the property is prepared properly, and a **\$125.00 return visit fee** has been received. (All items below must be completed.)

- ___ Show the dimensions of the property. Mark property lines and corners clearly.
- ___ Show the proposed location of the house. Show the setbacks from the road and property lines to the proposed house location. When showing the location of the house, give its dimensions. If you are unsure as to the house size, please show the dimensions of the MAXIMUM area of the lot that the house will cover.
- ___ Show the preferred driveway location.
- ___ Show the area you would prefer your septic system and/or well to go in.
- ___ **N/A** Show any future structures or improvements to the property such as decks, garages, workshops, pools, etc. **If there are none, circle "N/A"**.
- ___ **N/A** Show the location of any existing septic systems and drinking water sources on your property and on your neighbor's property within 100' of your property line. **If there are none circle "N/A"**.
- ___ **N/A** Show the location of any easements or right of ways on the property. **If there are none, circle "N/A"**.
- ___ **N/A** Show the location of any designated wetlands on the property. **If there are none, circle "N/A"**.

Use space below to draw site plan, or attach annotated plat or survey to application.

Applicant: _____

Parcel ID: _____