

Date: \_\_\_\_\_

Tax Map/Parcel #: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Existing Septic System Reconnection Application**

*\*\*If reconnecting to a proposed business, please discuss with our office before completing this application. \*\**

1. Applicant Information:

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

2. Requesting:

Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility

Reconnection when the proposed facility is not in same footprint as existing/previous facility

Are you requesting any changes to wastewater design flow or wastewater strength?  Yes  No

Business: Type: \_\_\_\_\_ # of seats: \_\_\_\_\_ #of employees: \_\_\_\_\_

3. Property Information:

a) Site Address: \_\_\_\_\_

b) Subdivision & Lot Number: \_\_\_\_\_

c) Lot Dimensions/acreage: \_\_\_\_\_

d) Original Owner(s): \_\_\_\_\_

e) Year Septic System was installed (house built): \_\_\_\_\_

**Note: Answers to questions (c) and (d) can be found at the Register of Deeds Office.**

f) Septic System Location (front yard, back yard, etc.): \_\_\_\_\_

g) Type of Septic System (if known):

Conventional  Pumped Conventional  Engineered System

Other: \_\_\_\_\_

h) Number of Bedrooms in Existing/Previous Mobile Home/House: \_\_\_\_\_

i) Number of Bedrooms in Proposed Mobile Home/House: \_\_\_\_\_

j) Dimensions of Existing/Previous Dwelling (Length x Width): \_\_\_\_\_

k) Dimensions of Proposed Dwelling (Length x Width): \_\_\_\_\_

l) Existing Water Supply (choose one):

Private Well  Shared Well  Municipal Water  Spring

Other: \_\_\_\_\_

If moving a mobile home in a mobile home park, please provide:

a) Name of Mobile Home Park: \_\_\_\_\_

b) Lot Number: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Map/Parcel #: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Application and Site Preparation Instructions:** *The applicant is responsible for preparing property for a site visit by an Environmental Health Specialist prior to their arrival. Please address each of the items listed below.*

1. SUBMIT A SITE PLAN OF THE PROPERTY NOTING WHERE THE EXISTING DWELLING IS LOCATED AND WHERE THE NEW PROPOSED DWELLING IS DESIRED.
2. LOCATE THE EXISTING SEPTIC SYSTEM AND REPAIR AREAS, EASEMENTS, RIGHT OF WAYS, WELL, DRIVEWAY, ACCESSORY BUILDINGS, ETC. ON THE SITE PLAN.
3. ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED AND EASILY VISIBLE IN THE FIELD. THE AREA TO BE EVALUATED MUST BE CLEAR OF THICK VEGETATION, DEBRIS, ETC. AND IS ACCESSIBLE.
4. STAKE OR FLAG THE PROPOSED STRUCTURE.

**Important:**

- If an Environmental Health Specialist arrives at the property and a site evaluation cannot be conducted because the site has not been prepared as required, the applicant will be notified and the application placed in 'Inactive' status.
- When an 'Inactive' application is reactivated, the application will be processed based on the re-activation date.
- A revisit fee (\$50.00) may be assessed prior to scheduling another visit to the property.
- Applications which are in 'Inactive' status for more than 90 days are considered void and all fees paid by the applicant are forfeited.
- If you have any questions regarding the information listed above, please feel free to contact our office at (336) 597-1790. Our office hours are Monday through Friday, from 8:30 to 5:00.
- ***Please notify our staff if dogs will be encountered during the site visit. Dogs will need to be kept under control if there is a possibility that they may harm our staff.***

*I certify that the information provided above is complete and correct to the best of my knowledge. I also understand that if the information provided is inaccurate, the site is subsequently altered, or the intended use changes, all permits and approvals shall be subject to revocation. Submittal of this application grants right of entry to the Person County Environmental Health Department staff.*

\_\_\_\_\_  
**(X) Owner or Legal Representative Signature**

\_\_\_\_\_  
**Date**

\*\*Applications can be submitted by email to: envhealth@personcountync.gov