



**ALBEMARLE REGIONAL HEALTH SERVICES
APPLICATION FOR ENVIRONMENTAL SERVICES**

County: _____ File#

Parcel Identification Number (for Site Evaluations only): _____

Type of Service Requested: _____ **Site Evaluation/Improvement Permit for Wastewater System (\$225)**
 _____ **Existing Wastewater System Inspection (\$60)**
 _____ **Construction Authorization for Repair of Wastewater System (\$60)**

Applicant Name : _____
Mailing Address : _____
City/State/Zip : _____
Telephone Number : _____ **Fax:** _____ **Email:** _____

Property Owner Name : _____ *Check if same as Applicant*
Mailing Address : _____
City/State/Zip : _____
Telephone Number : _____

Location of Property: (Directions if no address) _____

If Existing System Inspection; list size/type of new construction: _____

Type of Facility (House, Mobile Home, etc): _____

Number of Bedrooms: _____ **Number of People:** _____

Size of Property (acres): _____ **Plat or Site Plan provided** (yes or no): _____

Type of Water Supply (public supply or private well): _____

THE APPLICANT SHALL MARK THE SITE AND MAKE THE SITE ACCESSIBLE FOR A SITE EVALUATION. A \$60.00 REVISIT FEE WILL BE CHARGED IF THE PROPERTY IS UNIDENTIFIABLE OR UNACCESSIBLE DUE TO VEGETATIVE OVERGROWTH, LOCKED GATES, LOOSE DOGS, ETC.

THE APPLICANT SHALL BE RESPONSIBLE FOR NOTIFYING THE HEALTH DEPARTMENT OF ANY DESIGNATED WETLANDS ON THE PROPERTY.

THE APPLICANT SHALL BE RESPONSIBLE FOR NOTIFYING THE HEALTH DEPARTMENT IF THERE IS WASTEWATER GENERATED ON THE SITE OTHER THAN DOMESTIC WASTEWATER.

IF THE INFORMATION SUBMITTED BY THE APPLICANT IS FOUND TO BE INCORRECT, OR IF THE SITE AND SOIL CONDITIONS ARE ALTERED, ANY IMPROVEMENT PERMIT SHALL BECOME INVALID.

PLEASE ALLOW UP TO 2 WEEKS FOR COMPLETION.

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 the property to conduct the services requested.

Date: _____ Owner or Agent Signature: _____

NOTE: A minimum additional fee of \$225.00 is required for the issuance of an Authorization for Wastewater System Construction on suitable lots where an Improvement Permit has been issued.

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| Mail To: ARHS Environmental Health; P.O. Box 189; Elizabeth City, NC 27907 | | | Gates Co. P: (252) 357-1380 F: (252) 357-2251 | Pasquotank Co. P: (252)338-4490 F: (252) 337-7921 | |
| Bertie Co. P: (252) 794-5303 F: (252) 794-5361 | Camden Co. P: (252) 338-4460 F: (252) 338-4475 | Chowan Co. P: (252) 482-1199 F: (252) 482-6020 | Currituck Co. P: (252) 232-6603 F: (252) 232-1912 | Hertford Co. P: (252) 862-4054 F: (252) 862-4263 | Perquimans Co. P: (252) 426-2100 F: (252) 426-2104 |