



ALBEMARLE REGIONAL HEALTH SERVICES
ON-SITE WASTEWATER SYSTEM APPLICATION

www.arhs-nc.org

County: _____

File# _____

Parcel Identification Number: _____

Type of Service Requested	Fee
☐ Site Evaluation/ Improvement Permit for Wastewater System	\$ 348.00
☐ Existing Wastewater System Inspection	\$ 116.00
☐ Construction Authorization for Repair of Wastewater System	\$ 116.00
☐ Construction Authorization Permit *If Approved* Conventional/Alternative 1-4 BR	\$ 463.00- 521.00
☐ Construction Authorization Permit *If Approved* (5 BR+ fee varies based on system type)	\$ 636.00 +
☐ Permit Redraw	\$ 116.00
☐ Expansion *Permit Fee based off total number of bedrooms*	

Applicant Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Property Owner Information

☐ Check if same as applicant

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Property Information

Location of Property	_____ _____ _____
Date property was originally deeded and recorded- Platted	____/____/____
Size: (acres)	_____
Water Supply	☐ Public supply ☐ Private Well
Map submitted	☐ Survey Plat ☐ Site Plan

Building Information

Type of Facility	☐ Mobile Home ☐ House ☐ Business <i>(domestic strength only)</i> ☐ Other _____
Number of Bedrooms	_____
Number of Occupants	_____
For Repairs, please state the nature of problem	_____ _____ _____

For Existing System Inspection; List size/type of new construction:

(See Back)

The applicant shall notify ARHS upon submittal of this application if any of the following apply to the property in question. If "YES," the applicant must attach supporting documentation and show location(s) on the submitted site plan/plat.	YES	NO
Does the site contain any jurisdictional wetlands?	☐	☐
Does the site contain any wastewater systems?	☐	☐
Is any wastewater going to be generated on the site other than domestic sewage?	☐	☐
Are there any easements or right of ways on this property?	☐	☐
Is this facility subject to approval by another public agency?	☐	☐
Are there any wells, springs, or existing water lines on this property?	☐	☐

INITIAL

- _____ 1. THE APPLICANT SHALL MARK THE SITE AND MAKE THE SITE ACCESSIBLE FOR A SITE EVALUATION.
- _____ 2. A \$60.00 REVISIT FEE WILL BE CHARGED IF THE PROPERTY IS UNIDENTIFIABLE OR INACCESSIBLE DUE TO VEGETATIVE OVERGROWTH, LOCKED GATES, LOOSE DOGS, ETC.
- _____ 3. 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.

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.

Owner or Agent Signature: _____ **Date:** _____

MAIL TO: ARHS Environmental Health; P.O. Box 189; Elizabeth City, NC 27909

Gates Co.

P: (252) 357-1380

F: (252) 357-2251

Pasquotank Co.

P: (252) 338-4490

F: (252) 337-7921

Bertie Co.

P: (252) 794-5322

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