

THIS IS NOT A PERMIT

Alexander County Environmental Health
151 West Main Ave. Suite 6, Taylorsville, NC 28681
(828)632-1000 ext.2 Call between 8:00-9:00 M-F

Application for Existing System Approval

Application: _____
Fee: _____
Receipt: _____
Date: _____
Received by: _____

Property/Parcel ID # _____ Acres _____

Owner Email: _____ Applicant email: _____

Applicant	Address	Home & Work Phone
Owner	Address	Home & Work Phone

PROPERTY INFORMATION

Street Address	Subdision Name	Section/Phase/Lot#
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Directions to Site:

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
- Site modification (e.g., storage building, swimming pool, etc.)
- Expansion to footprint of existing facility (e.g., deck, family room, etc.) Do you anticipate any additions to Facility yes no
- Other Describe: _____

Existing Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Proposed Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Residences: Existing # of bedrooms: ____ Existing # of Occupants ____ Type of Water Supply _____ Proposed # of bedrooms: ____ Proposed # of Occupants: ____ Businesses (please discuss with local health department prior to completing): # of seats: _____ # of Employees: _____ Other: _____

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

Year wastewater system was installed, if known: _____

Name(s) that original permit could have been issued to, if known: _____

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached: Yes No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA 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 conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Applicant signature **Date** **Owner Signature** **Date**

**Must provide documentation to support claim as owner's legal representative.

APPLICATION VALID FOR 12 MONTHS FROM DATE PAID

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SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- Locations of the existing drives and vehicular traffic;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.

