

Fee Received \_\_\_\_\_  
Check# \_\_\_\_\_ or Cash  
Date Received \_\_\_\_\_  
Received By: \_\_\_\_\_

**CARTERET COUNTY HEALTH DEPARTMENT**  
3820 Bridges St. Morehead City, NC 28557  
Phone: 252-728-8499 Fax: 252-222-7753  
**APPLICATION**

Area \_\_\_\_\_  
Priority \_\_\_\_\_  
Date Staked \_\_\_\_\_ Staff Initial \_\_\_\_\_

### Repair Construction Authorization Permit

**IF INFORMATION IS FALSIFIED, CHANGED OR SITE IS ALTERED, THE AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. PERMIT IS VALID FOR 60 MONTHS.**

#### Permit Request Section

**Type Facility:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_  
\_\_\_\_\_**Single Family:** ( \_\_\_\_\_ house \_\_\_\_\_ MH) \_\_\_\_\_ #Bedrooms \_\_\_\_\_ #Occupants  
\_\_\_\_\_**Multi-Family:** \_\_\_\_\_ # Bedrooms \_\_\_\_\_ #Occupants/Bdrm.  
\_\_\_\_\_**Single Structure** \_\_\_\_\_ **Multiple Structures (# \_\_\_\_\_)**  
\_\_\_\_\_**Non-Residential: describe** \_\_\_\_\_  
Info specific to system design flow: \_\_\_\_\_

#### General Information

**Owner**  
Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Organization \_\_\_\_\_

**Applicant** If same as owner: \_\_\_\_\_ Yes

If no, complete this section and provide owners statement.

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Organization \_\_\_\_\_

#### Site Specific Information

Parcel Address: \_\_\_\_\_ City: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot \_\_\_\_\_ Phase \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ # of Acres \_\_\_\_\_

**Type Water Supply:** \_\_\_\_\_ Private Well \_\_\_\_\_ Shared Well \_\_\_\_\_ Public \_\_\_\_\_ Community

#### Existing

\_\_\_\_\_**Buried Utility Lines** \_\_\_\_\_ **Underground Fuel Tanks** **Foundation:** \_\_\_\_\_ Slab \_\_\_\_\_ Crawlspace  
\_\_\_\_\_**Garbage grinder** \_\_\_\_\_ **Right of ways/Easements** \_\_\_\_\_ **Underground lawn watering system**  
**Swimming Pool:** \_\_\_\_\_ Above Ground \_\_\_\_\_ Below Ground

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Repairs on or near coastal property often require a CAMA permit. Prior to disturbing the property contact your local building inspections department or the **Division of Coastal Management** – 400 Commerce Avenue, Morehead City, NC, (252) 808-2808.*

Initial \_\_\_\_\_ Date \_\_\_\_\_

CARTERET COUNTY HEALTH DEPARTMENT  
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APPLICATION

Parcel ID: \_\_\_\_\_

**Homeowner Interview: To be completed by person occupying facility**

Date Septic System Installed: \_\_\_\_\_ Installer: \_\_\_\_\_

Type of Problem: (Check all that apply)

\_\_\_\_ Effluent on the ground \_\_\_\_ Backing up into facility \_\_\_\_ Frequent pumping of tank(s)

Describe what happens when you are experiencing problems with your septic tank system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice the problem?

\_\_\_\_\_  
\_\_\_\_\_

Does the problem seem to be linked to a specific event (washing clothes, heavy rains, etc.)?

\_\_\_\_\_

1. Number of people living in residence: Adults: \_\_\_\_\_ Children: \_\_\_\_\_
2. What is your water source? Public \_\_\_\_\_ Private Well \_\_\_\_\_
3. What is your average daily water usage? \_\_\_\_\_
4. Do you have an in-sink garbage disposal? Yes \_\_\_\_\_ No \_\_\_\_\_ How often do you use it? \_\_\_\_\_
5. When was septic tank last pumped? \_\_\_\_\_ How often do you have it pumped? \_\_\_\_\_
6. Do you have a dishwasher? Yes \_\_\_\_\_ No \_\_\_\_\_ How often do you use it? \_\_\_\_\_
7. Do you have a clothes washer? Yes \_\_\_\_\_ No \_\_\_\_\_ How often do you use it? \_\_\_\_\_
8. Do you have a water softener or water treatment system? Yes \_\_\_\_\_ No \_\_\_\_\_  
Where does it drain? \_\_\_\_\_
9. Do you use an "in the tank" toilet sanitizer? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Does any family member use a "long term" prescription drug, antibiotics or chemo-therapy?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are any chemicals (paint thinners, etc.) disposed down the drain? Yes \_\_\_\_\_ No \_\_\_\_\_  
What kinds? \_\_\_\_\_
12. Have any new water fixtures been added since the septic system was installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
What kinds? \_\_\_\_\_
13. Do you have an underground lawn watering system? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Has any site work been done to the house since system was installed such as underground roof gutter drains, basement/foundation drains, landscaping, etc? Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe: \_\_\_\_\_
15. Are there any underground utilities on your property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Circle which type: Power Phone Cable Gas Water

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**APPLICATION**

Owner \_\_\_\_\_

Parcel ID: \_\_\_\_\_

**Site Sketch:** Provide a site plan that accurately represents the site on the application. Include diagram of lot, dimensions, building location, existing system location, water source location, driveways and any other feature that may be relative to repairing the wastewater system. (A separate site plan or plat showing above details may be attached)

**(Initial) Property is staked \_\_\_\_\_ Applicant will call when property is staked \_\_\_\_\_**

A re-inspection fee of \$30 is required if the lot is not accessible and/or staked.

Application will be returned after sixty (60) days if Carteret County Environmental Health has not been notified that site is staked and accessible.

**Signature Section**

**I have read this application and certify 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 staking of all property lines and corners and making the site accessible so a complete site evaluation can be performed.**

\_\_\_\_\_  
**Property owner's Signature or authorized agent (REQUIRED)**

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



**CARTERET COUNTY HEALTH DEPARTMENT**



**Environmental Health Division**  
3820 A Bridges Street  
Morehead City, NC 28557  
Phone (252) 728-8499 Fax (252) 222-7753

**OWNER'S STATEMENT**

TO: The Environmental Health Division

SUBJECT: Authorization for Representation as Agent for Owner and Permission to Access Property

I, \_\_\_\_\_ (print), hereby authorize \_\_\_\_\_ (print) to act as my agent in the process of application for an on-site wastewater system permit or a water well permit for the property listed below:

(Real Estate Agents or other agents contracted to act as property representatives shall provide a copy of the signed contract verifying owner has acknowledged their representation of below property).

Location: \_\_\_\_\_ PIDN # \_\_\_\_\_

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please contact:

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

