



# BRUNSWICK COUNTY PERMIT APPLICATION

**PLEASE COMPLETE ALL APPLICABLE ITEMS BELOW**

**FOR CENTRAL PERMITTING STAFF ONLY**

SEPTIC  
WELL

ZONING  
BUILDING

PERMIT TYPE

OWNER (OF STRUCTURE)  AUTHORIZED AGENT \_\_\_\_\_ PHONE \_\_\_\_\_ TAX PARCEL NUMBER \_\_\_\_\_

OWNER/AUTHORIZED AGENT'S MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT PROPERTY OWNER \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER'S PHONE \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SECTION \_\_\_\_\_ TRACT \_\_\_\_\_ PHASE \_\_\_\_\_ OTHER \_\_\_\_\_

Directions to Property: \_\_\_\_\_

### 1. ZONING & BUILDING:

Property Dimensions (to the nearest foot): FRONT \_\_\_\_\_ REAR \_\_\_\_\_ L. SIDE \_\_\_\_\_ R. SIDE \_\_\_\_\_

PROPOSED PROJECT TYPE: \_\_\_\_\_

**Residential:** Site Built/Modular House  Mobile Home  No. Units \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ No. Occupants \_\_\_\_\_

**Commercial/Industrial:** Describe the Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Hours of Operation \_\_\_\_\_ Attachments:

### 2. ENVIRONMENTAL HEALTH: This application is for the following (Check those that apply)

Site evaluation for an Improvement Permit and/or Construction Authorization Permit valid for 5 years.

Site evaluation for an Improvement/Authorization to Construct for **REVISION** to existing permit.

Site evaluation for an Improvement Permit valid without expiration date (see attachment).

**Recheck** of Existing System: Number of Existing Bedrooms \_\_\_\_\_ Number of New Bedrooms \_\_\_\_\_

**A.** I am asking Environmental Health to perform a site evaluation for an Improvement Permit if the Existing System is found to be inadequate for the proposed use, I understand **ADDITIONAL FEES ARE REQUIRED.**  YES **OR**  NO  
(please initial) (please initial)

**B.** I have been informed that my lot/site must be prepared properly within one week (**5 working days**) of application date.  
(Acknowledgement of lot preparation requirements and notes attached) **PLEASE INITIAL BOX** → \_\_\_\_\_

**C.** Proposed **Garbage Disposal:**  YES  NO **Sprinkler:**  YES  NO **Spa:**  YES  NO

**D.** Is any part of the property located in a designated wetland?  YES  NO **D-2.** CAMA  YES  NO

**E.** Is any portion of the proposed structure **WITHIN 5 FEET** of the Septic System/Drain Lines?  YES  NO

**F.** Is any portion of the proposed structure **WITHIN 25 FEET** of the Well Head?  YES  NO

**G.**  WELL APPLICATION  EXISTING WELL WELL DRILLER (If known): \_\_\_\_\_

### 3. UTILITIES: FOR OFFICE USE ONLY WATER SOURCE: COUNTY WELL OTHER \_\_\_\_\_

FEE PAID:  YES  NO

APPROVED BY: \_\_\_\_\_ SEWER SOURCE: COUNTY  SEPTIC  OTHER \_\_\_\_\_

### 4. STORM WATER:

**A.** Is property located within the jurisdiction of: Unincorporated Brunswick County, Bolivia, Boiling Springs, Belville, Sunset Beach, or St. James?  YES  NO

IF **YES** CONTINUE TO QUESTION **B** BELOW

IF **NO**, SKIP TO QUESTION **#5** ON BACK OF THIS PAGE

**B.** Is development commercial/industrial?  YES (If **YES**, a Storm Water Permit **IS REQUIRED**)  NO

**C.** Is disturbed area greater than or equal to 1 acre?  YES (If **YES**, a Storm Water Permit **IS REQUIRED**)  NO

**D.** Will the site be graded, filled or excavated changing the elevation of any location by an amount exceeding four (4) inches?  YES (If **YES**, a Storm Water Permit **IS REQUIRED**)  NO

**E.** Is development or any related disturbance within the limits of a Riparian Buffer (within 30 ft. of a bank of a natural stream or water body)?  YES (If **YES**, a Storm Water Permit **IS REQUIRED**)  NO

**PLEASE TURN THIS SHEET OVER AND COMPLETE INFORMATION ON THE BACK**

9/15/11

# CHECK LIST FOR SEPTIC /WELL PERMIT \*\* Updated 2/29/12

Brunswick County Permit Application Form (Please complete **FRONT** and **BACK**) - 2/29/12

Property dimensions on front page should match property dimensions on Site Plan Drawing.

Site drawing **MUST** include driveway, water, septic and drain line locations, property dimensions and setbacks.

## **SPECIAL NOTE REGARDING MOBILE HOMES**

A Mobile Home constructed **PRIOR TO OCTOBER 27, 1987** **MAY NOT BE MOVED** into Brunswick County's geographic boundaries. Mobile Homes constructed **PRIOR TO OCTOBER 27, 1987** and **CURRENTLY SETUP**

**MOBILE/MANUFACTURED HOMES BUILT BEFORE\*\* JULY 1, 1976\*\* MAY NOT BE BROUGHT INTO OR RELOCATED IN BRUNSWICK COUNTY.**

Please complete **ALL** items including the following on the Application Form:

Owner/Agent Information

Driving directions to property from Highway 17

Section #1 Zoning & Building

Section #2 Environmental Health (Including items A ---- G)

Section #3 To Be Completed by Utility Department - Down the Hall

Section #4 Storm Water (Including items A ---- E)

Section #5 Site Plan Drawing (On back of application form)

Section #6 Signature and Date Authorizing County Personnel to go on said property

Page #3 Additional Information Sheet (If applicable)

Page #4 Improvement Permit and/or Authorization to Construct System Designation  
*(If applying for a Site Evaluation for an Improvement Permit)*

**PLEASE ATTACH A COPY OF THE FOLLOWING TO APPLICATION FORM (IF APPLICABLE)**

Copy of Plat Map (If available, may be obtained at the Register of Deeds Office down the Hall)

Copy of Deed (To provide proof of ownership--may be obtained at the Register of Deeds Office down the Hall)

Letter from municipality stating that sewer "IS NOT AVAILABLE" (IF APPLICABLE)

Please verify ALL the above information for accuracy prior to seeing a technician. Thank you for helping us make our process more efficient.

Effective July 1, 2008, a **WELL PERMIT APPLICATION** must be submitted **AT THE SAME TIME** as the Site Evaluation for a Septic Improvement Permit and/or Authorization Permit valid for five (5) years.

**NOTE:** The above is a **GENERAL** outline and guide to obtaining a Septic Permit. Depending on circumstances, additional forms may be required.

**Updated 2/29/12**

OFFICE USE ONLY	
ZONING	ST. SIDE
<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	

# BRUNSWICK COUNTY PERMIT APPLICATION

OFFICE USE ONLY	
FLOOD ZONE	PANEL NUMBER
<input type="text"/>	<input type="text"/>
<input type="text"/>	

PLEASE COMPLETE ALL APPLICABLE ITEMS

- 5. Please draw below or attach a Site Plan Drawing displaying the following:** **1)** lot showing property dimensions; **2)** the proposed structure (include length and width); **3)** show all existing structures and the size of the structures; **4)** show distance from proposed structure to any existing or proposed septic system; **5)** draw location of the driveway; **6)** show distances from the property lines to the structure(s); **7)** show the location of the HVAC and how far it will sit from the property lines; **8)** show existing water and septic sources on lot and surrounding lots and/or location of proposed water source; **9)** show street name and any easements, right of ways, or drainage systems around lot; and **10)** show location of front door.

## SITE PLAN DRAWING

IF APPLICABLE.....SPECIFY SCALE - 1 inch equals \_\_\_\_\_ feet (not to exceed 1 inch =60 feet).

**STREET NAME:** \_\_\_\_\_

- 6. AUTHORIZATION:** I hereby make application for a:  **SEPTIC EVALUATION**  **WELL**  **BUILDING PERMIT** for the above mentioned property and authorize Brunswick County Personnel to go on said property to make the necessary inspection(s)/evaluation. As owner or his/her authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the properties. I understand that the permit may be revoked if site plan or the intended use is changed.

\_\_\_\_\_  
OWNER/AGENT/APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNTY OFFICIALS' SIGNATURE

\_\_\_\_\_  
DATE

Return **Application** and **Payment** to:  
**BRUNSWICK COUNTY, CENTRAL PERMITTING OFFICE, P.O. BOX 249, BOLIVIA, NC 28422-0249**

**ATTACHMENT SHEET FOR ADDITIONAL INFORMATION**

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**TAX PARCEL NUMBER**

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**PARCEL STREET ADDRESS**

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**DATE**

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**OWNER/AGENT/APPLICANT'S SIGNATURE**



David Stanley  
Health Director

Brunswick County Health Department  
25 Courthouse Drive N.E.  
Post Office Box 9  
Bolivia, North Carolina 28422-009  
Bolivia 253-2250

**Brunswick County Health Department  
Application for  
Improvement Permit and/or Authorization to Construct System Designation**

The kinds of soil and site conditions on the land determine whether the local health department can issue an improvement permit, as well as the type of septic system needed there. The **Conventional Septic System**, with a septic tank and a number of trenches, is used at almost one-half of the home sites with septic systems in North Carolina. It works well in brightly colored (red or brown), thick, loamy-textured soils with deep water tables depending upon the part of the state. On some soils that are too wet or too shallow for a conventional septic system, a modified conventional system or an alternative septic system may be used.

**Alternative Septic Systems** include low-pressure pipe (LPP) systems, fill systems, and other specially designed systems. There are many soils, however, that are not suitable for any alternative septic system.

**Innovative and Experimental Systems** are technologies approved by the Division of Environmental Health that are not specifically described in the sewage rules as a conventional, modified or alternative system. A technical advisory committee meets monthly on provide guidance on I&E applications. These technologies can include pretreatment, trench disposal methods and other on-site wastewater treatment and disposal system components. This also applies to controlled demonstration and accepted systems approved pursuant to applicable laws and rules. Approvals are typically issued to a specific company or organization, and provide specific information about the technologies design, installation, sitting criteria, construction, and any other information about the proper installation, operation, maintenance and permitting of the technology.

**Accepted Systems** are not Conventional Systems. Accepted System is a classification all to itself, just as Innovative or Experimental are unique classifications under G.S. 130A-343. By virtue of having been found to perform equal to or better than a Conventional (gravel) System, they enjoy the same rights and privileges of a Conventional System when it comes to permitting procedures.

**Please Indicate Desired System Type(s):**

Accepted    Alternative    Conventional    Innovative    Other \_\_\_\_\_    Any

\_\_\_\_\_  
**Property owner's or owner's legal representative signature required**

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

**TAX PARCEL #:** \_\_\_\_\_

# Information for Applicant Applying for Septic

## TYPE OF PERMIT - Length of duration

1. **Application for evaluation of property to obtain an Improvement Permit which is valid for five (5) years from the date issued.** Supporting documents include a "site plan" which is defined in North Carolina General Statute 130A-334(13A) as a drawing not necessarily to scale that shows existing and proposed property lines with dimensions, location of the facility and appurtenances (driveway, structures, other proposed structures proposed swimming pools, etc.), the site for the proposed wastewater system, and location of water supplies (new & surrounding wells, water lines, etc.) and surface waters (including wetlands).

*or*

**Application for evaluation of property to obtain an Improvement Permit which shall be valid without expiration date.** Supporting documents include a Plat as defined in North Carolina General Statute 130A-334(7b) as property survey prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed wastewater system and the location of water supplies and surface waters. Plat also means (for a subdivision lot approved by the local planning authority and recorded with the county register of deeds) a copy of the recorded subdivision plat that is accompanied by a **site plan that is drawn to scale.**

(Scale not to exceed 1" = 60 feet.)

**Note: Permits issued by the Environmental Health Department are subject to revocation if the site plan or plat (whichever is applicable) or the intended use changes. NCGS 130A-335(f)**

## ACKNOWLEDGEMENT OF LOT PREPARATION REQUIREMENTS

2. Lot and site must be prepared properly, (i.e., **property corners properly identified, proposed corners of the structure (home/building) marked with stakes, Red sign posted, and lot is cleared enough to be accessible to conduct the site evaluation (a clear path needs to be provided to the structure area)**, within one (1) week of the date that the application is received at Central Permitting. *NOTE:* Marking corners of proposed structures(s) is optional in platted, recorded subdivisions. **FOUR CORNERS** of existing tank must be uncovered on an **EXISTING SYSTEM RECHECK**.

**NOTE:** Lot preparation instructions are printed on back of the Red sign given to you for posting on the lot. **In event the property is not ready for the evaluation, a REVISIT FEE may be assessed.** The application will be placed on *PENDING* for up to 60 days, until the fee is paid to Environmental Health Department. Once the revisit fee is paid, the application will be processed in an order based on the date that the revisit fee is paid.

**NOTE:** Please notify the Environmental Health Dept. immediately if additional time is needed to prepare the lot. (A revisit fee may be avoided.) The file then will be held on *PENDING* status for a period no longer than 60 days. Notify the Environmental Health Dept. at 910-253-2250 when the lot is ready for evaluation.

# LOCATION STANDARDS FOR DOMESTIC DRINKING WATER WELL

A domestic drinking water supply well shall not be located in an area generally subject to flooding. The minimum horizontal separation distance between a well intended for a single family residence or other non-public water system, and potential sources of groundwater contamination, which exist at the time the well is constructed, shall be as follows unless otherwise specified:

- A. Septic tank and drainfield ----- 100 ft.
- B. Other subsurface soil absorption wastewater disposal system ----- 100 ft.
- C. Industrial or municipal sludge-spreading or waste irrigation system ----- 100 ft.
- D. Watertight sewage or liquid-waste collection or transfer facility ----- 50 ft.
- E. Other sewage and liquid-waste collection or transfer facility ----- 50 ft.
- F. Cesspools and privies ----- 100 ft.
- G. Animal feedlots or manure piles ----- 100 ft.
- H. Fertilizer, pesticide, herbicide or other chemical storage areas ----- 100 ft.
- I. Non-hazardous waste storage, treatment or disposal lagoons ----- 100 ft.
- J. Sanitary landfills ----- 100 ft.
- K. Other non-hazardous solid waste landfills ----- 100 ft.
- L. Animal barns ----- 100 ft.
- M. Building foundation ----- 25 ft.
- N. Surface water bodies which act as sources of groundwater recharge, such as ponds, lakes, and reservoirs ----- 50 ft.
- O. All other surface water bodies, such as brooks, creeks, streams, rivers, sounds, bays, and tidal estuaries ----- 25 ft.
- P. Chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N:
  - i. With secondary containment ----- 50 ft.
  - ii. Without secondary containment----- 100 ft.
  - iii. Storage tanks of 1,100 or less with contain petroleum fuels used for heating equipment, boilers, or furnaces ----- 50 ft.
- Q. All other potential sources of groundwater contamination ----- 50 ft.

For a well serving a single family dwelling where lot size or other fixed conditions preclude the separation distances specified above, the required separation distances shall be the maximum possible but shall in no case be less than the following:

- A. Septic tank and nitrification field ----- 50 ft.
- B. Watertight sewage or liquid-waste collection or transfer facility ----- 25 ft.
- C. Animal barns ----- 50 ft.
- D. Cesspools or privies ----- 50 ft.





*Brunswick County Health Services*  
25 Courthouse Drive N.E. Post Office Box 9  
Bolivia, North Carolina 28422-0009  
910-253-2150 or Toll Free 888-428-4429

*David M. Stanley, III*  
*Health and Human Services Director*

**PENDING EXISTING SYSTEM CHECK  
FEE ACKNOWLEDGEMENT FORM**

I (owner/applicant) understand that a relocation/existing system check fee for this pending application will be charged **if** a permit is required.

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Owner / Applicant Signature

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Date

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Please Print Owner / Applicant Name