

CHECK LIST FOR SEPTIC /WELL PERMIT ** Updated 3/16/2021

Brunswick County Permit Application Form

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 WITHIN THE COUNTY MAY BE** relocated provided the unit complies with building code and other applicable requirements. Inspection by a Licensed Home Inspector in North Carolina is recommended and in some instances may be required by the Building Inspector.

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 ---- E)
- 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 Additional Review (At The Time a Building Permit Application is Submitted)
- Section #7 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 Septic Application Permit. The applicant may request a refund for the Well Permit fee if the Septic Application Permit is denied. This request must be within a year.

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

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BRUNSWICK COUNTY PERMIT APPLICATION

PLEASE COMPLETE ALL APPLICABLE ITEMS BELOW

NO REFUND ON EH FEES

Well Permit Application must be submitted at the same time as the Septic Application Permit. The applicant may request a refund for the Well Permit fee if the Septic Application Permit is denied. This request must be within a year.

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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

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OWNER'S PHONE PROPERTY ADDRESS CITY/STATE/ZIP

OWNER/AUTHORIZED AGENT'S EMAIL ADDRESS

SUBDIVISION LOT BLOCK SECTION TRACT PHASE OTHER

Directions to Property:

1. ZONING & BUILDING: Sq. Feet Under Roof _____ Uncovered _____ Bldg Height _____

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 _____

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)

A. 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** _____

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

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

D. WELL APPLICATION EXISTING WELL WELL DRILLER (If known): _____

3. UTILITIES: **FOR OFFICE USE ONLY** NO. OF BEDROOMS: _____

FEE PAID: YES NO **WATER SOURCE:** COUNTY OTHER _____

APPROVED BY: _____ **SEWER SOURCE:** COUNTY 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

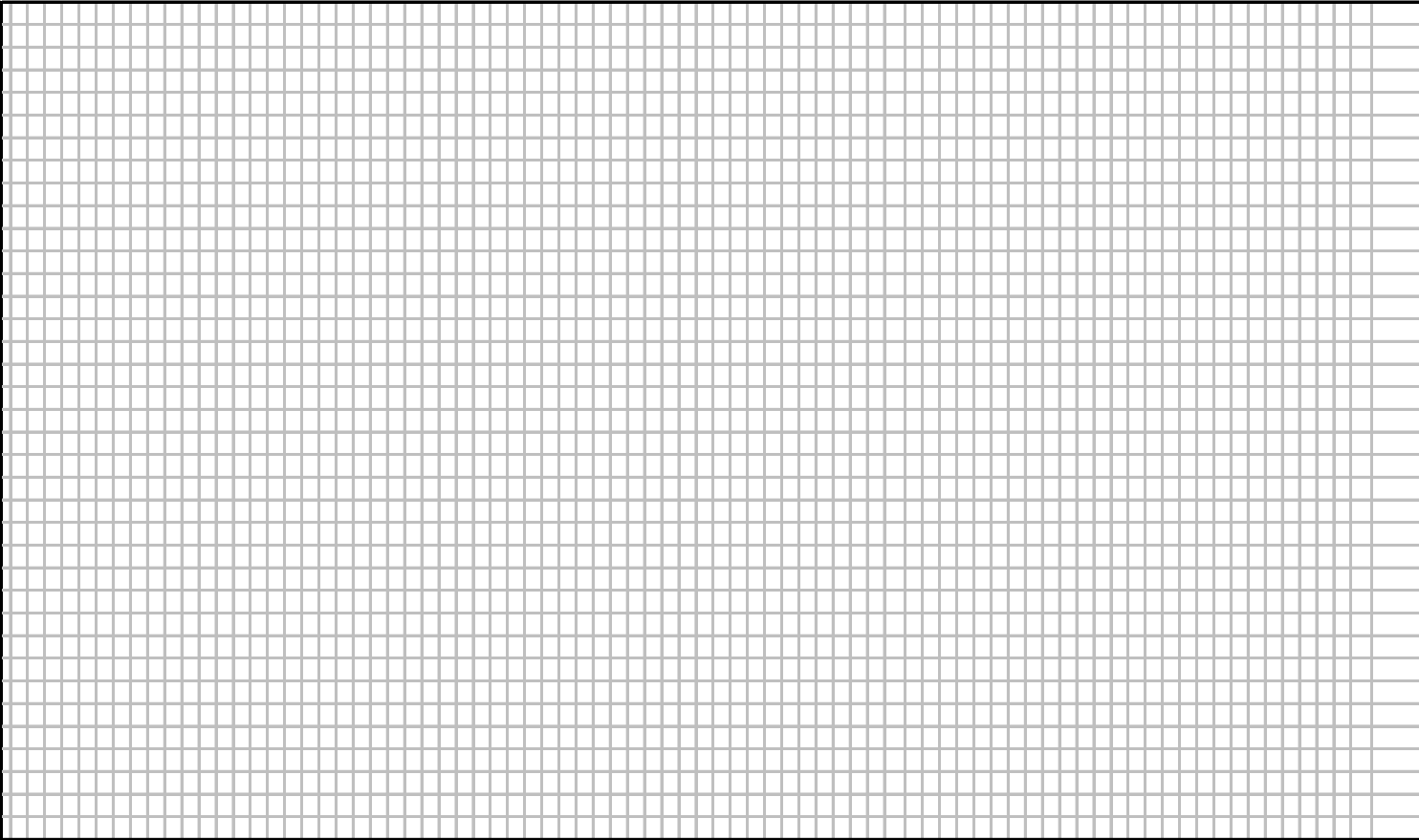
E. Is development or any related disturbance within the limits of a Riparian Buffer (within 30 ft. of a bank of a natural stream or water body)? YES (If **YES**, a Storm Water Permit **IS REQUIRED**) NO

**BRUNSWICK COUNTY PERMIT APPLICATION
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. ADDITIONAL REVIEW: The site plan provided for this application will be used to determine if an Improvement Permit and/or Authorization to Construct Permit may be issued by Environmental Health. At the time a building permit application is submitted, Environmental Health will review the final site plan to ensure that the proposed structure location is in compliance with any approved septic system(s) location.

7. AUTHORIZATION: I hereby make an application to Environmental Health Services 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 Alterations to the site are made, the Approved site plan changes or the intended use is changed.

OWNER/AGENT/APPLICANT SIGNATURE

DATE

COUNTY OFFICIALS' SIGNATURE

DATE

Return **Application** and **Payment** to:

BRUNSWICK COUNTY ENVIRONMENTAL HEALTH SERVICES OFFICE, P.O. BOX 9, BOLIVIA, NC 28422-0249

Telephone Numbers: Environmental Health Services (910) 253-2150 • 888-428-4428 (Toll Free) • Fax: (910) 253-5952

ATTACHMENT SHEET FOR ADDITIONAL INFORMATION

TAX PARCEL NUMBER

PARCEL STREET ADDRESS

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE



Brunswick County Health Services
 25 Courthouse Drive N.E.
 Post Office Box 9
 Bolivia, North Carolina 28422-0009
 Bolivia 910-253-2150

David Stanley, III
 Health and Human Services Director

Brunswick County Health Services
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 to 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):

Conventional / Accepted Alternative 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 the event the property is not ready for the evaluation, a REVISIT FEE may be assessed.** If a revisit fee is 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: To avoid the revisit fee, the applicant must make a request to be placed on ***PENDING STATUS***. This request must be in writing or complete the form available at the Health Department. The application will be pending for up to 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 NE 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.

Owner/Applicant Signature

Date

Please Print Owner/Applicant Name