



Application Number: _____
 Operation Permit/NOI Number: _____

EXISTING SYSTEM APPROVAL APPLICATION

Applicant: _____
 Mailing Address: _____

 Phone #: _____
 Email: _____

Owner: _____
 Mailing Address: _____

 Phone #: _____
 Email: _____

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.)
- Other Describe: _____

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

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

Residences:

Proposed # of bedrooms: _____ Proposed # of Occupants: _____ Other: _____

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: _____

PIN/Lot Identifier: _____ Property Acreage: _____

Property Address: _____

Directions to Site: _____

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

I acknowledge that pursuant to 15A NCAC 18E .0202 (c) – that the application for the IP, CA, or existing system authorization will expire after 12 months with no action by the applicant. There will be no refunds for applications which expire.

IF THE INFORMATION IN THE APPLICATION FOR AN EXISTING 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 the 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.

 Property owner's signature (required)

 Date

 Applicant's signature (required)

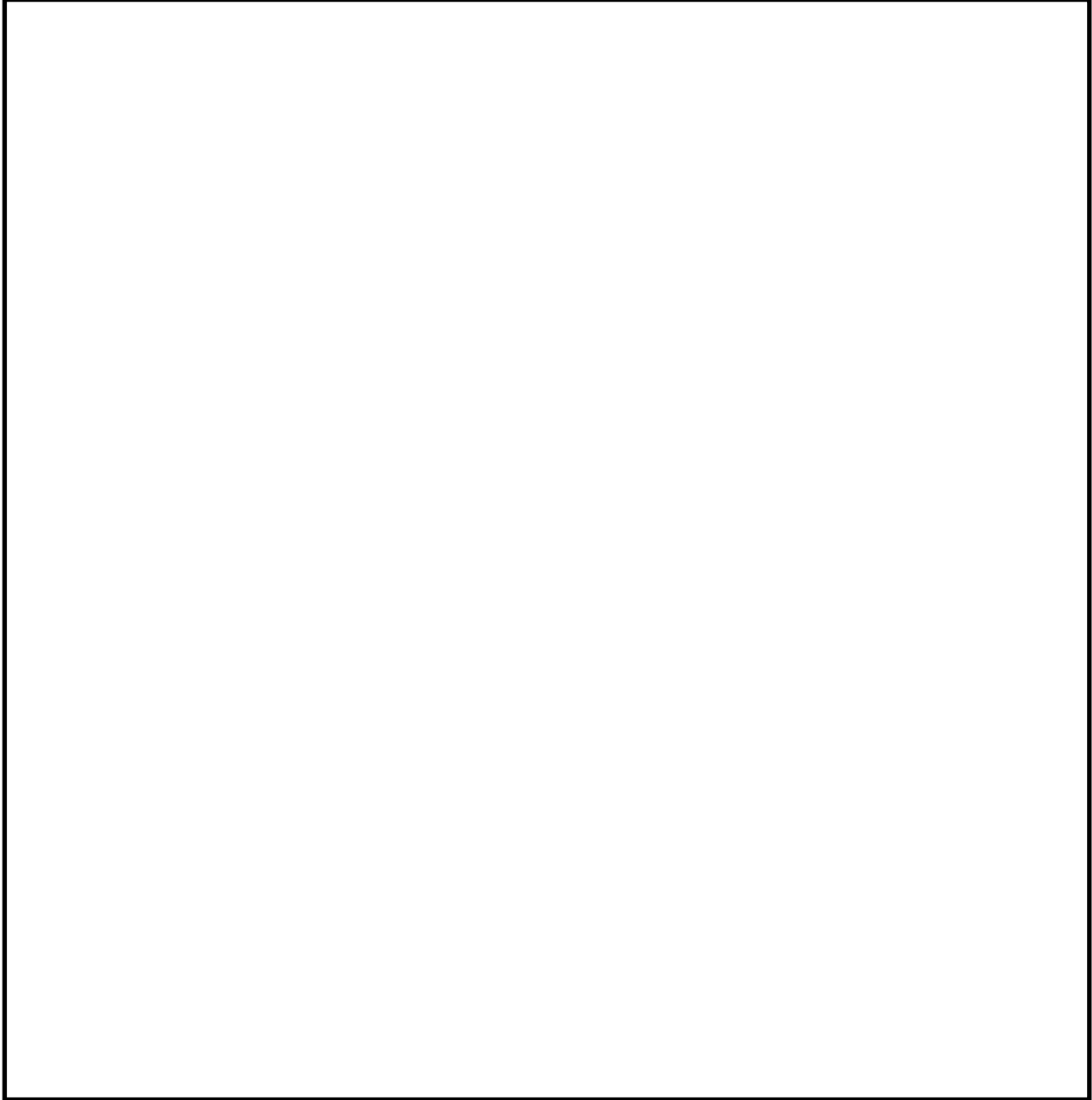
 Date

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

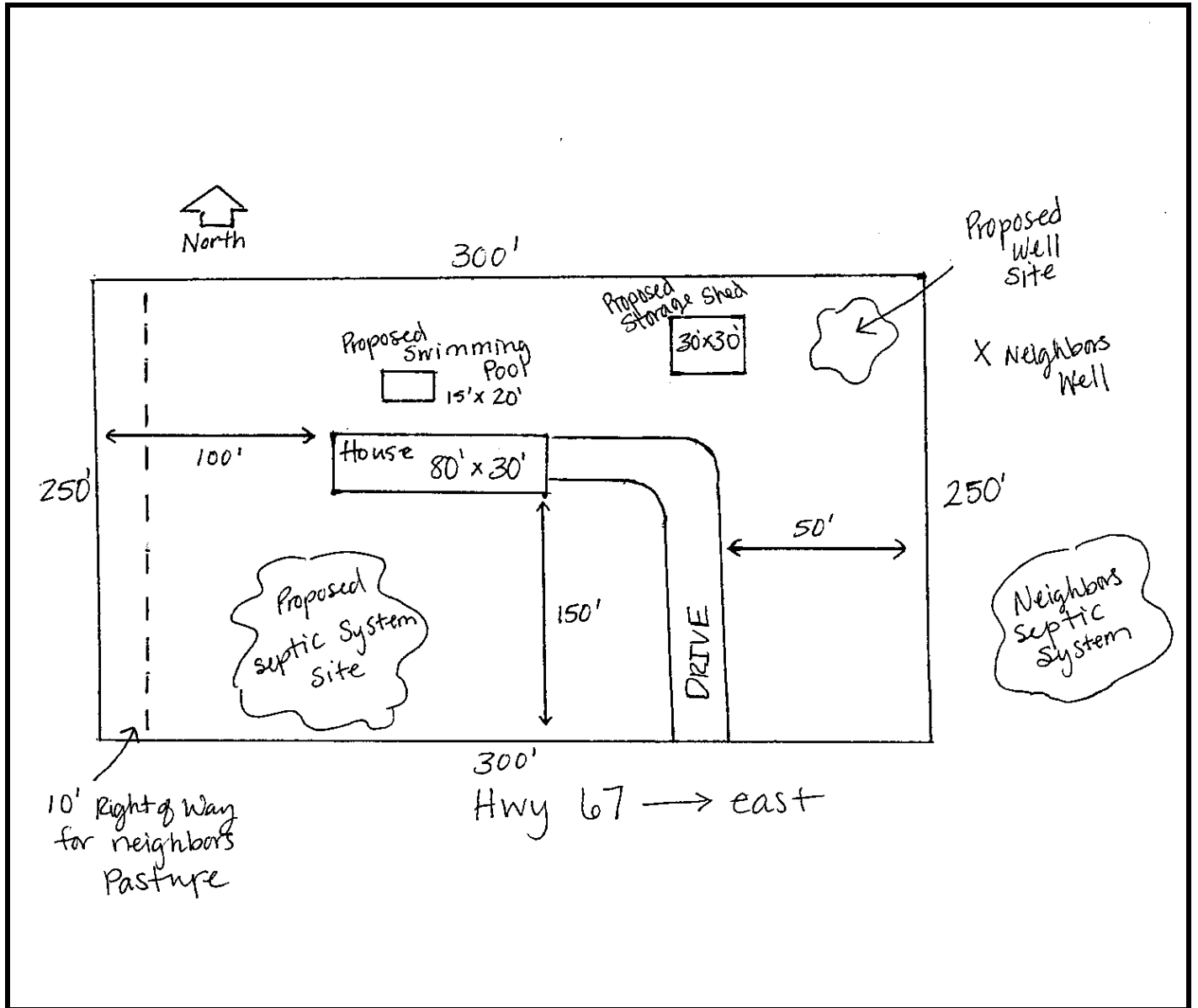
SITE PLAN

Please include on this site plan:

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



EXAMPLE SITE PLAN



If you have questions or need clarification about how to complete your site plan, please call us at (828) 694-6060.

Existing System Approval Checklist

Name of Applicant _____

Site Address or REID # _____

Please initial each step below *after* each step has been complete. By initialing you are confirming that each step has been completed.

****NOT HAVING THE ITEMS BELOW COMPLETE WHEN THE INSPECTOR ARRIVES WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT****

Mark Septic tank

Mark addition site

Hang placard at the location

WHEN ITEMS ABOVE ARE COMPLETE PLEASE SUBMIT USING ONE OF THE FOLLOWING OPTIONS:

- Upload to [online portal](#)
- Call office at: (828) 694-6060
- EMAIL FORM TO: HCDPH_EnvHealth@hendersoncountync.gov
- Fax to (828) 697-4523

Thank you!

Date received by ENV Health:

Permit Number: