Important Information for Septic and Well Applicants:

Environmental Health cannot begin your septic/well evaluation if the following items are not complete:

A DETAILED SITE PLAN must accompany all applications. Please provide a map of your property that includes a drawing of the proposed location of the house, driveway, and/or any other structures such as decks, garage, carport, outbuildings, pool, etc. If available, include a survey plat.

All property corners and property lines must be clearly marked in the field. Property lines should be clearly marked with flagging every 50-75 feet. This may require a licensed surveyor.

Applicant must stake the proposed location of house, mobile home or other structures including decks, pools, barns, garages, etc.

Area to be evaluated must be reasonably clear so that an Environmental Health Specialist can walk over the area easily and complete the evaluation. Do not grade! Only remove underbrush such as briars and rhododendron.
Include a scale drawing of facility (house), decks, driveway, garage, well, property lines and/or any other structures such as carport, outbuildings, pool, etc. and the site for the septic system.
APPLICATION FOR IMPROVEMENT PERMIT OR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

Haywood County Health and Human Services Agency • Environmental Health Section
157 Paragon Parkway, Suite 200, Clyde, NC 28721 • Phone: 828-452-6682 • Email: eh@haywoodcountync.gov

1. APPLICATION FOR:
   □ Authorization for Wastewater System Construction (Septic Permit)
   □ Upgrade Improvement Permit to Authorization for Wastewater System Construction
   □ Improvement Permit (Soil/Site Evaluation)
   □ REPAIR
   A.F.W.S.C. Permits are valid for a period of 60 Months (5 Years) or until Improvement Permit Expires
   Improvement Permits are valid for a period of 60 Months (5 Years) or without expiration (with proper documentation)

2. Property Owner: ___________________________ Phone: ___________________________
   Mailing Address: __________________________________________________________________________________________
   Property Address (if available): ____________________________________________________________________________

3. Permit Requested By: ___________________________ Phone: ___________________________
   Mailing Address: __________________________________________________________________________________________

4. If Subdivision, indicate name: ___________________________ Section __________ Lot # ___________

5. Date Property Deeded and Recorded ___________________________________ *If the recording information is not completed, or if the recording date is after January 1, 1983, a septic repair area will be required. If you do not have this information on the property, please contact the Haywood County Register of Deeds Office, Mapping Office, and/or Tax Office for assistance before submitting the application.

6. IF THERE IS A LOCKED GATE PREVENTING ACCESS TO THIS PROPERTY, WHAT IS THE NUMBER/CODE? __________________________________________________________________________________________

7. Directions to the property: __________________________________________________________________________________________

8. Are there any existing structures and/or septic systems on this property? □ YES □ NO

9. Type of Water Supply: □ Individual Well □ Community Well □ City Water If so, which Municipality? ___________________________

10. Is this property a jurisdictional wetland or subject to any other jurisdictions? □ YES □ NO If so, which? ___________________________

11. Type of System: □ Single Family □ Multiple Family □ MH Park □ Other □ New □ Existing/Repair □ Addition/Renovation
   Size/Dimensions of Home: ___________________________ Sq. Footage: ___________
   # of Bedrooms: _______ # of Occupants: _______ Basement: □ Yes □ No Water Using Fixtures in Basement: □ Yes □ No

   IF MULTIPLE FAMILY:
   Number of Residential Units or Mobile Homes: _______ 2-Bedroom Units _______ 3-Bedroom Units _______ 4-Bedroom Units _______

   IF COMMERCIAL:
   □ Restaurant: No. of Seats _______ □ Business □ Industry □ Other: ___________________________
   Type of Facility: ___________________________ Size of Facility: ___________________________ # of people served: ___________________________

12. Do you anticipate any additions? □ Yes □ No If yes, please explain: ___________________________

13. Has any grading or removal of topsoil been done to this property? □ Yes □ No
   If yes, please describe ___________________________

14. Do you anticipate any wastewater generation other than domestic sewage? □ Yes □ No
   If yes, please describe ___________________________

15. Are there any easements or right-of-ways recorded on this property? □ Yes □ No
   If you do not have this information, please contact the Haywood County Register of Deeds Office for assistance or refer to your deed before submitting the application.

16. Please check the type of system preferred: □ Conventional □ Approved □ Innovative □ Experimental □ Any

I hereby make application to the Haywood County Environmental Services for a site evaluation for a ground absorption sewage disposal system to serve the above described facility on this property and authorize Health Department Representatives to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit and report issued as a result of this information will become invalid if it is found to be incorrect or if any changes are made in the lot or the size and location of the proposed facilities.

IF YOUR APPLICATION IS INACTIVE/PENDING FOR MORE THAN THREE (3) YEARS, IT WILL BE CONSIDERED EXPIRED AND MAY BE DISCARDED. NO CREDITS OR REFUNDS WILL BE GIVEN FOR EXPIRED APPLICATIONS.

PIN: ___________________________

Revised 11/30/2022
• A survey plat (if available) and **DETAILED SITE PLAN** must accompany all applications, or no work will begin. You will be given a map of your property, on which you must draw in the proposed location of the house, driveway, and/or any other structures such as decks, garage, carport, outbuildings, pool, etc.)

• Property corners and lines between must be clearly marked.

• Applicant must stake proposed location of house, mobile home or other structures to include decks, pools, barns, garages, and etc.

• Area to be evaluated must be reasonably clear so that an Environmental Health Specialist can walk over the area easily and complete his/her evaluation. Do not grade this site, only remove underbrush such as briars and rhododendron.

• **$50 return trip fee will be charged to the applicant** if any of the above items are not completed when the Environmental Health Specialist arrives at the lot.

• **Application must be signed by CURRENT Owner, or their agent who has a legal proxy to sign, giving permission for Environmental Health to go onto the property.**

  Date: ________________     Signature: ________________________________________

  □ Owner   □ Agent   □ Other _____________________

  Owner Email Address: _____________________________________________________

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**For Official Use Only:**

Date Paid: _____________  Amt $ ______________  □ Ck. # ___________  □ Cash  □ Credit Card

Receipt # ______________  Received By: ____________________