

APPLICATION FOR SITE EVALUATION/IMPROVEMENT PERMIT & ATC

Davie County Environmental Health

P.O. Box 848/210 Hospital Street

Mocksville, NC 27028

(336)753-6780/ Fax (336) 753-1680

Application For: Site Evaluation/Improvement Permit Authorization To Construct(ATC) Both
Type of Application: New System Repair to Existing System Expansion/Modification of Existing System or Facility

*****IMPORTANT*** THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL OF THE REQUIRED INFORMATION IS PROVIDED. Refer to the INFORMATION BULLETIN for instructions.**

APPLICANT INFORMATION

Name to be Billed _____ Contact Person _____
Billing Address _____ Home Phone _____
City/State/ZIP _____ Business Phone _____
Name on Permit/ATC if *Different* than Above _____
Mailing Address _____ City/State/Zip _____

PROPERTY INFORMATION

***Date** House/Facility Corners Flagged _____

NOTE: A survey **plat** or **site plan** must accompany this application. Included: Site Plan Plat(to scale)
(Permit is valid for 60 months with site plan, no expiration with complete plat.)

Owner's Name _____ Phone Number _____
Owner's Address _____ City/State/Zip _____
Property Address _____ City _____
Lot Size _____ Tax PIN# _____
Subdivision Name(if applicable) _____ Section/Lot# _____
Directions To Site: _____

If the answer to any of the following questions is "yes", supporting documentation must be attached.

- Are there any existing wastewater systems on the site? Yes No
Does the site contain jurisdictional wetlands? Yes No
Are there any easements or right-of-ways on the site? Yes No
Is the site subject to approval by another public agency? Yes No
Will wastewater other than domestic sewage be generated? Yes No

IF RESIDENCE FILL OUT THE BOX BELOW

People _____ # Bedrooms _____ # Bathrooms _____ Garden Tub/Whirlpool Yes No
Basement: Yes No Basement Plumbing: Yes No

IF NON-RESIDENCE FILL OUT THE BOX BELOW

Type of Facility/Business _____ Total Square Footage of Building _____ # People _____
Sinks _____ # Commodes _____ # Showers _____ # Urinals _____
Estimated Water Usage (gallons per day) _____ (Attach documentation of similar facility water consumption)
FOODSERVICE ONLY: # Seats _____

Type system requested: Conventional Accepted Innovative Alternative Other _____

Water Supply Type: County/City Water New Well Existing Well Community Well

Do you anticipate additions or expansions of the facility this system is intended to serve? Yes No
If yes, what type? _____

This is to certify that the information provided on this application is true and correct to the best of my knowledge. I understand that any permit(s) or ATC(s) issued hereafter are subject to suspension or revocation if the site is altered, the intended use changes, or if the information submitted in this application is falsified or changed. I hereby grant right of entry to the Authorized Representative of the Davie County Health Department to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am responsible for the proper identification and labeling of property lines and corners and locating and flagging or staking the house/facility location, proposed well location and the location of any other amenities.

Property owner's or owner's legal representative signature _____

Date _____

Site Revisit Charge

Date(s): _____
Client Notification Date: _____
EHS: _____

Sign given Yes No
Revised 11/06

Account # _____
Invoice # _____