



Cleveland County

NORTH CAROLINA

Application for Onsite Water Protection Services

Applicant Information:

Applicant Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Property Information: *Owner's Legal Representative documentation is required if applicant is not owner*

Location Address: _____

Owner Name: _____

Phone: _____

Subdivision/Mobile Home Park Name: _____

Lot number: _____ Parcel number: _____

Directions: (from the nearest main highway): _____

Please identify the type of services requested:

New Installation Repair Upgrade of Existing System Change of Permit

Existing System Inspection Well Construction Well Repair/Upgrade

Well Change of Permit Well Abandonment

For new installations, repairs, upgrades, change of permit please identify preferred system type by owner/legal

representative: _____

Proposed use of property:

Residential: Yes No (If no is checked move to the next appropriate use)

Number of Bedrooms: _____ Number of Residents/ Occupants: _____

Business: Yes No (If no is checked move to the next appropriate use)

Type of Business: _____

Number of employees: _____ Per Shift: 1st _____ 2nd _____ 3rd _____

Other: Yes Type of Use: _____ No

Type of Building: House Mobile Home Other : _____

Foundation Type: Slab Crawlspace Basement w/plumb

Basement w/o plumb

Water Supply: Public/Municipal New Well Existing Well Other

Do you plan on installing or adding any outbuildings, swimming pools, etc. to the property? **If so, please note the location on the site plan.* Yes No

Before the site can be evaluated, the following items must be completed:

- 1. The property corners must be clearly marked.**
- 2. The property must be reasonably clear of undergrowth or obstacles that prohibit a thorough site evaluation.**
- 3. The four corners of the structure must be clearly staked or marked.**

Improvement permits shall be valid upon a showing satisfactory to the department, or the local health department, that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that a wastewater system can be installed that meets the permitting requirements in effect on the date the improvement permit was issued. Improvement permits for which a plat is provided shall be valid without expiration. Improvement permits for which a site plan is provided shall be valid for five (5) years. The improvement permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use, changes.

The local health department shall issue an authorization to construct prior to the installation or repair of a wastewater system, when it has determined after a field investigation, that the system can be installed and operated in compliance with article 11 of chapter 130a of the general statutes of North Carolina and rules adopted pursuant to this article. This authorization for wastewater system construction shall be valid for a period of five (5) years.

An existing system permit, which involves mobile home transfers, additions to existing structures, construction of outbuildings, and swimming pool installations, shall be valid for 180 days from the date of issuance.

All requests for service applications will be valid for one (1) year from the date the application was made. Any application still pending, after the one (1) year, will be null and void, and subject to any fee changes.

As the applicant, upon making this application, I shall have notified the Cleveland County Health Department if the site contains identified jurisdictional wetlands, if wastewater other than sewage will be generated, and if the proposed site is subject to approval by other public agencies.

Accordingly, health department representatives are hereby granted the right of entry to make evaluations and/or inspections on the property/subdivision as described in the aforementioned application(s), and to release information upon public request.

My preferred proposed system type, that meets the conditions of the improvement permit, the provisions of these rules, and G.S. 130a, article 11, will be specified by my signature on the improvement permit.

You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you. If your residence or business will be located in any jurisdiction other than those listed below, please check with your city manager and/or town hall for permitting assistance.

ZONING / BUILDING INSPECTION

Shelby 704-484-6805

Kings Mountain 704-734-4599

Cleveland County 980-484-4975/ 4997

FIRE MARSHALLS

704-484-6816

704-734-0555

704-481-4841

The undersigned person hereby attests that he/she has read and understands the foregoing information, and furthermore, agrees to comply with the terms of this application. I hereby certify that all information in this application is correct, and all work will comply with all applicable state and local laws, ordinances, and regulations.

Applicant's Signature: _____ Date ____/____/____

APPLICATION AND PAYMENT CAN BE SUBMITTED IN PERSON OR BY MAIL TO:

Cleveland County Permits Office

1333 Fallston Road

Shelby, NC 28150

*** Please call 980-484-4779 to arrange for submission and payment of fees***

***If health representative(s) have entered the property/subdivision and initiated the required evaluations(s) and/or inspection(s), the associated fee(s) are non-refundable. ***

SITE PLAN

Prior to accepting and/or acting on any application, the owner or owner's legal representative must submit a complete site plan or complete plat showing existing and proposed property lines with dimensions, the location of the facility with dimensions and setbacks, appurtenances (driveway, decks, outbuilding, etc.), the site for the proposed wastewater system and the location of water supplies and surface waters. The site plan or plat shall also include information on any existing or proposed easement, encroachment agreement, or right-of-way for the property (e.g., access easement, utility easement or road or electrical right-of-way, etc.). The applicant/property owner is responsible for providing accurate information on the use, the location and the dimensions for the easement, encroachment agreement, or right-of-way on the site plan or plat. The boundaries of the easement, encroachment agreement, or right-of-way shall be properly marked in the field on the lot or tract of land.

***The applicant/property owner is also responsible for showing the location of underground utilities and waterlines. Dial 811 for locating underground utilities. Failure to mark property lines, stake proposed structure, locate underground utilities and waterlines could delay the permitting process.**

Mark all that apply to the property and show on site plan below:

- Wetlands
- Any Wastewater generated other than domestic sewage
- The site is subject to approval by other public agency.

WELL INFORMATION APPLICATION ATTACHMENT

****Only required for private drinking water well permits****

Intended Use of New Well:

- Residential – Serving one single family dwelling
- Residential – Serving more than one single family dwelling
- Other: _____

Property Information: (Please mark all that apply)

- Are there any existing septic systems (surface or subsurface) on this property?
- Are there any easements or right of ways on this property?
- Are there any existing wells, springs, or water lines on this property?
- Are there any surface water bodies, or designated wetlands on this property?
- Are there any below ground chemical, or petroleum storage tanks on this property?
- Are there any known landfills or waste storage on this property?
- Is there any known underground contamination on this property?
- Are there any fields, on or adjacent, that are used for industrial or municipal sludge spreading?
- Are there any fields, on or adjacent, that are used for wastewater-irrigation sites?
- Are there any surface water or designated wetlands on this property?
- Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88 (A) on this property?
- Are there any variance regarding well construction or location issued under 15A NCAC 02C.0118?

Please attach a site sketch of your property showing the location of all marked above.



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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Cleveland County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application and permits for: Improvement Permit, Authorization to Construct, Repair, Upgrade, Change of Permit, Existing System Inspection, Well Construction, Well Repair/ Upgrade, Well Change of Permit, and/or Well Abandonment

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Cleveland County Health Department, Environmental Health Division.

Signature of Owner(s)

Date

Signature of Witness

Date