

Orange County Environmental Health

Septic and Well Application Instructions

☐ **APPLICATION:** Complete with as much information as possible. Incomplete or inaccurate information may lead to delays.

☐ **SITE ASSESSMENT:** A current site assessment must be obtained from the Planning Department with jurisdiction over the property for Improvement Permits, Construction Authorizations, and Existing Systems Authorizations for all additions and changes that result in a new footprint to existing structures. Contact your jurisdiction's Planning Office.

☐ **SITE PLAN DRAWN TO SCALE:**

- a. Existing and proposed property lines, easements, rights-of-way, and buffers with measurements
- b. Location of all proposed structures, driveways, additions, other future improvements with measurement of the structures and measures to two property lines (minimum)
- c. Known sources of contamination (septic drain fields, animal lots, fuel tanks, old wells)

☐ **FLOOR PLAN FOR ANY PERMIT APPLICATIONS TO CONSTRUCT A SEPTIC SYSTEM OR WHERE THE IMPROVEMENT CHANGES THE STRUCTURE'S FLOOR PLAN** (not required for Well Permits or Residential Improvement Permits; Note other conditions apply for commercial projects)

Note: Incomplete applications cannot be processed.

***Preparing for the Soi/Site Evaluation or the Site Visit:**

☐ Verify that the email and phone submitted are the best ways to reach the APPLICANT.

☐ All proposed structures must be staked.

☐ Property lines and corners must be clearly marked and accessible. If property lines cannot be verified, it will be necessary for the property to be surveyed before a determination can be made.

☐ Trim thick vegetation. The area may need to be "bush-hogged" or thinned out. Do not grade or excavate potential soil areas, as it is possible to damage sites beyond use.

* Failure to prepare the site may cause long delays in permitting or may result in a *Notice of Incompletion*.

REQUIRED RESPONSES (ALL FIELDS)

Applicant William Warren-Hicks **Email** billwh@mindspring.com
Billing Address 6429 Sykes Glen Trail
City, State Zip Mebane, NC 27302 **Phone** 919-628-2064
Owner (if different than Applicant) **Email**
Billing Address
City, State Zip **Phone**
PIN 9831188661 **Lot Size** 6.78 Acres **Subd / LOT#**
Site address 6429 Sykes Glen Trail, Mebane, NC 27302
(CHECK ONE) NEW WELL ☐ EXISTING WELL ☒ COMMUNITY WELL ☐ PUBLIC WATER ☐

PROJECT DESCRIPTION (CHECK ALL THAT APPLY)

- New Residential Improvement Permit up to 600 GPD ☐
New Commercial Construction Authorization ☐
Revision of Improvement Permit # _____ ☐
Expansion of Existing System-Improvement Permit# _____ ☐

New Residential Construction Authorization up to 600 GPD ☐
New Commercial Construction Authorization ☐
Revision of Improvement Permit # _____ ☐
Expansion of Existing System-Improvement Permit# _____ ☐

Existing System Authorization ☐
Mobile Home Park Space Connection ☐
Septic System Repair ☒
Septic System Abandonment ☐

New Well Permit- Private Drinking Water ☐
New Well Permit- Irrigation or Geothermal ☐
Well Repair ☐
Well Abandonment ☐

Fees will be calculated after application has been submitted and reviewed for completion. Up to a 2 acre area will be evaluated for an Improvement Permit. Re-inspections are subject to fees. .REFUND POLICY: Refunds are very complicated. Requests must be sent in writing. No fees shall be refunded for services already rendered or initiated by site visit.

Acknowledgment: This application has been signed by the current OWNER of the property or the OWNER'S LEGAL REPRESENTATIVE (documentation required-See page 3) who has entered into a contract or lease with the owner and who may legally represent the property owner in the transactions regarding the property. I, the undersigned, am the property OWNER or the LEGAL REPRESENTATIVE. By signing this application, I grant the Orange County Health Department, Environmental Health Division, right of entry to the property to perform the service(s) requested.

SIGNATURE: William Warren-Hicks, PH.D. **DATE:** 08-02-2023

Remit to Orange County Environmental Health.131 W Margaret Ln. Hillsborough, NC 27278 or
email ehapplications@orangecountync.gov

PROJECT DEVELOPMENT (ANSWER ALL THAT APPLY)

RESIDENTIAL

Max number of bedrooms 4 Max number of occupants 8

BUSINESS OR PLACE OF ASSEMBLY

Total Square footage of Building _____ Maximum number of seats _____

Maximum number of employees _____ Type of business _____

Multi-family ☐ Wastewater other than domestic ☐ Water softener ☐

Basement ☐ Basement with plumbing fixtures ☐ Garbage disposal ☐

Recorded Easements and Rights of Way on this property ☐ Jurisdictional wetlands ☐

SYSTEM TYPE REQUESTED (REQUIRED FOR NEW)

No preference ☐ Conventional only ☐ Accepted system ☐ Other _____

☐ **THIS PROJECT IS SUBJECT TO APPROVAL OF ANOTHER AGENCY (i.e. Planning, USACE, etc.)**

EXISTING SYSTEM AUTHORIZATION for improving property, remodeling, additions other than bedrooms, accessory structures, solar, putting a system back into use, or connecting a new structure to an existing system

Description of Scope _____

Max number of bedrooms: _____ Max number of occupants: _____

CHANGE OF USE OF AN EXISTING SYSTEM FOR COMMERCIAL USAGE

Total square footage of Building _____ Maximum number of seats _____

Maximum number of employees _____ Type of business _____

SEPTIC SYSTEM REPAIR QUESTIONNAIRE

PLEASE DESCRIBE THE PROBLEM.

Backing up into home or facility ☒ Septic tank overflowing ☐ Damaged ☐

Discharge of sewage on the ground ☐ Other: _____

Existing Number of bedrooms: 4 Existing Number of occupants: 2

When did you notice/ How long have you been experiencing this problem? _____

PLEASE RESPOND YES or NO.

Do you notice the problem is worse: after heavy rain No when clothes are washed Yes when there are visitors N/A? Have you checked for leaking fixtures? Yes Do you have water treatment plumbed to tank? No Has there been any recent work to the property such as digging, tree removal, driving of heavy equipment? No Any strong cleaners, disinfectants, or medications in use? No