

Application Date: _____

Application #: _____

Appointment Requested? ___yes ___no

Craven County

Inspections Department
2828 Neuse Blvd.
New Bern, NC 28562
Inspections (252) 636-4987, Fax (252) 636-4984

Type of Map Submitted	
_____	Survey Plat to Scale 1"=no more than 60'
_____	Scaled Site Plan 1" = no more than 60'
_____	Unscaled Site Plan

REPAIR OF A SEPTIC TANK SYSTEM

___Improvement Permit

___ Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted.

Applicant Name: _____ Owner (if different): _____

Water Supply: ___New Well ___ Existing Well ___ Community Well ___ Public ___ Public, but well on site

Please check one:

___ House*

* Residence has _____ bedrooms and _____ persons.

___ Manufactured Home (SW____, DW____, TW____)

___ Business that generates only sewage

___ Business that generates effluent other than sewage (e.g. Industrial Process Wastewater)

___ Place of Public Assembly

Please indicate desired system type(s): (systems can be ranked in order of your preference)

___ Alternative ___ Conventional ___ Modified Conventional

___ Innovative ___ Other (please specify) _____

Applicant shall notify the Craven County Health Department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is any wastewater going to be generated on the site other than domestic sewage? ___yes ___no

Are there any easements or rights-of-way on this property? ___yes ___no

Are there any designated wetlands on this property? ___yes ___no

Are there any wells, springs or existing water lines on this property? ___yes ___no

Is public sewer available to this property? ___yes ___no

Is this facility subject to approval by another public agency? ___yes ___no

If yes, please explain:_____

Applications will be returned to applicant if found to be incomplete, if sites are not accessible for evaluation and/or property is not properly identified.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted 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 so that a complete site evaluation can be performed.

Signature_____ **Date**_____

(*) _____ **Owner (or)** _____ **Owner's Legal Representative**

() Signature of CP Employee Witness or Notary Public Signature**

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

** The signature of the owner or owner's legal representative must be witnessed by a Central Permitting employee or a Notary Public.