



Cleveland County Environmental Health

200 South Post Road, Shelby, NC 28152 (980) 484-5130 Fax (980) 484-5135

www.clevelandcounty.com/cchd/environmental-health



Application for Onsite Water Protection Services

Applicant Information:

Applicant Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Property Information: **Right of Entry 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 call 980-484-5130 for questions about the application process.

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

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

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: (704)484-4975/ 4997

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** ____ / ____ / ____

Please call 980-484-5130 for questions about the application process.

APPLICATION ADDENDUM
CLEVELAND COUNTY ENVIRONMENTAL HEALTH
200 SOUTH POST ROAD, SHELBY, N.C. 28152
(980) 484-5130 APPLICATION NUMBER _____

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 equal to the period of validity of the improvement permit, not to exceed 60 months.

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. **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.***

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.

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.

_____/_____/_____
DATE
CCHD FORM 567.2 REV. 01/16

OWNER OR LEGAL REPRESENTATIVE

CLEVELAND COUNTY ENVIRONMENTAL HEALTH

SITE PLAN

APPLICANTS NAME

ADDRESS OF PROPERTY

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 locate underground utilities and waterlines could delay the permitting process.**

Notify health department of the following: _____ Wetlands _____ Any Wastewater generated other than domestic sewage _____ the site is subject to approval by other public agency.

Preferred system type by owner/legal representative _____ Signature: _____

WELL INFORMATION APPLICATION ATTACHMENT

CLEVELAND COUNTY HEALTH DEPARTMENT

Environmental Health Section

200 South Post Road, Shelby, North Carolina 28152

Tel 980-484-5130 Fax 980-484-5135

Intended Use of New Well:

Residential – Serving one single family dwelling

Residential – Serving more than one single family dwelling

Other: _____

Property Information:

[Please mark Y (yes) or N (no) for 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 Y (YES) ABOVE.

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 field investigation can be performed.

Property owner or legal representative

____/____/____
Date

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

CLEVELAND COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH

NORTH CAROLINA

CLEVELAND COUNTY

RIGHT OF ENTRY AGREEMENT

THIS AGREEMENT made this _____ day of _____, 20_____,
between _____, herein called Landowner and the Cleveland
County Health Department, herein called Health Department.

In consideration of the mutual promises herein contained, the parties agree as follow:

I

The Landowner of record authorizes the Health Department and its authorized representatives to enter upon the promises located at _____, Cleveland County, North Carolina for the purpose of making the requested evaluations and/or inspections.

II

The premises may be entered by the Health Department for the purposes of conducting the above-mentioned evaluations and for incidental purpose related thereto during the period beginning the day of the Agreement and continuing until sixty (60) days after this Agreement.

III

The Landowner agrees to release and hold harmless the Health Department and its representatives from any liability arising from any such entry, evaluation, or inspection. The Landowner further agrees to indemnify the Health Department and its representatives from any liability arising out of the above-described activities.

(Landowner Signature)

(Cleveland County Representative)

Report To: _____
 (Name)

 (Address)

 (Telephone)