

SCOTLAND COUNTY HEALTH DEPARTMENT
Application for On-Site Services

IF THE INFORMATION IN THIS APPLICATION FOR IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

Service Fees

New System (Improvement Permit).....\$150.00 _____	New System (Construction Authorization).....N/C _____
Existing System Renewal.....\$ 75.00 _____	Re-Evaluation of Existing System (layout).....\$75.00 _____
Repair of Existing System (IP/CA).....\$ 50.00 _____	Expansion of Existing System (IP/CA).....\$75.00 _____

Applicant Information

Applicant _____ Address _____ Phone # _____

Owner _____ Address _____ Phone # _____

Property Information

Lot/Property Size: Front _____ ft. Back _____ ft. Right _____ ft. Left _____ ft.

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____ PIN # _____

Total Acreage _____ Date Property Recorded _____

Directions to site: _____

Development Information

New Single Family Residence: House _____ Modular _____ Manufactured Home _____

Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____

Non-Residential Specifications: # of Employees _____ Total Square Footage of Building _____

Type of Business _____ # of Seats _____ Other _____

Water Supply

New Well _____ Existing Well _____ Public Supply _____ Community Well _____

****If New Well**** Well Drilling Contractor _____ Registration Number _____

Please Indicate Desired System Type: (systems can be ranked in order of your preference)

Conventional _____ Innovative _____ Modified Conventional _____ Alternative _____ Pump/Other (specify) _____

The Applicant shall notify the Scotland County Health Department, Environmental Health Section upon submittal of this application if any of the following apply to the property in question: (1) If the site is located in any designated wetlands; (2) If any wastewater is going to be generated on the site other than domestic sewage; (3) If the site is subject to approval by any other public agency.

The Applicant is responsible for complying with all local rules and regulations (i.e., zoning, etc.). The issuance of an Improvement Permit and/or construction Authorization does not guarantee the Applicant has complied with zoning or other local ordinances.

I have read this application, and I confirm that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible so that a soil evaluation can be performed.

A site plan that shows: location of the proposed facility, other proposed structures, and the stie for the septic system showing setbacks to property lines or other fixed reference points must be provided.

Property Owner's or Owner's Legal Representative Signature (Required) _____

Date _____