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Health Director

SCOTLAND COUNTY HEALTH DEPARTMENT  
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- Survey plat to scale\* submitted
- Scaled\* site plan submitted
- Unscaled site plan submitted
- \* scale of 1" = no more than 60'

**Scotland County Health Department  
Application for  
Improvement Permit and/or Authorization to Construct**

\_\_\_ Improvement Permit                      \_\_\_ Authorization to Construct

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT 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. (complete site plan = 60 months; complete plat = without expiration)**

**APPLICANT INFORMATION**

Applicant	Address	Home & Work Phone
Owner	Address	Home & Work Phone

**PROPERTY INFORMATION**

Street Address	Subdivision Name	Section/Phase/Lot#
Directions to Site: _____		Lot Size _____

**DEVELOPMENT INFORMATION**

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

**Residential Specifications**

Maximum number of bedrooms/occupants:     \_\_\_/\_\_\_  
 If expansion: Current number of bedrooms:     \_\_\_  
 Will there be a basement?                    yes      no  
 Plumbing fixtures in Basement                yes      no

**Non-Residential Specifications:**

Type of business: \_\_\_\_\_ Total Square footage of Building: \_\_\_\_\_  
 Maximum number of employees: \_\_\_\_\_ Maximum number of seats: \_\_\_\_\_

**Water Supply:** Are there any existing wells, springs, or existing waterlines on this property?  yes  no

- New well      Existing Well      Community Well      Public Water      Spring

**If applying for Authorization to Construct : Please Indicate Desired System Type(s):**

- Accepted    Alternative    Conventional    Innovative    Other \_\_\_\_\_    Any

The Applicant shall notify the local 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.

- yes    no   Does the site contain any jurisdictional wetlands?
- yes    no   Does the site contain any existing wastewater systems?
- yes    no   Is any wastewater going to be generated on the site other than domestic sewage?
- yes    no   Is the site subject to approval by any other public agency?
- yes    no   Are there any easements or right of ways on this property?

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.

Property owner's or owner's legal representative\*\* signature (required)  
 \*\*Must provide documentation to support claim as owner's legal representative.

Date

**SOIL/SITE EVALUATION**  
**for ON-SITE WASTEWATER SYSTEM**  
 (Complete all fields in full)

OWNER: \_\_\_\_\_ APPLICATION \_\_\_\_\_  
 DATE \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DATE EVALUATED: \_\_\_\_\_  
 PROPOSED FACILITY: \_\_\_\_\_ PROPOSED DESIGN FLOW (.1949): \_\_\_\_\_ PROPERTY SIZE: \_\_\_\_\_  
 LOCATION OF SITE: \_\_\_\_\_ PROPERTY RECORDED: \_\_\_\_\_  
 WATER SUPPLY:  Private  Public  Well  Spring  Other \_\_\_\_\_  
 EVALUATION METHOD:  Auger Boring  Pit  Cut TYPE OF WASTEWATER:  Sewage  Industrial Process  Mixed

P R O F I L E  #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR O CLASS	.1944 RESTR HORIZ	
1									
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): _____  EVALUATED BY: _____ OTHER(S) PRESENT: _____
Available Space (.1945)			
System Type(s)			
Site LTAR			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_