

- 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

	date originally deeded & recorded	
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: _____
