REPAIR APPLICATION

Date: _____________________________ Parcel ID Number (PIN): ______________________

Applicant Name: ________________________________________________________________

Phone: ___________________________ Email Address: _________________________________

Mailing Address: __________________________________ City: __________ State: ______ Zip: ______

Property Address: ____________________________________________________________ Lot Size: _____________

Name of Original Permittee: ________________________ Date Originally Installed: _____________

Subdivision/Mobile Home Park: _____________________ Lot No: __________

Directions to Property: ____________________________________________________________________________

_____________________________________________________________________________________________

Reason For Repair: Surface Discharge _____ Backing up into Home _____ Other_____

Repair For:   Residential _____ Current number of bedrooms: _____ Commercial _____

Water Supply: Individual Well _____ Shared Well _____ Municipal _____ Spring _____

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 rights of way on this property?

I have read this application and certify that the information provided herein is true, complete and correct. I understand that false or incorrect information could result in revocation of any approval granted for the intended project. 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.

Owner/Agent Signature: __________________________________ Date: ______________________

Repair Permit: $100.00

EH Specialist: ______________________ Phone: ___________________ (office hours 8:00 – 9:30 am)

Note: It is the applicant’s responsibility to comply with all setback distances and other requirements concerning the septic system for the approved project.

The Buncombe County Health Center does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Revised 08/18