

**Buncombe County Department of Health
ENVIRONMENTAL HEALTH SERVICES**

30 Valley St, Asheville, NC 28801
Phone: (828)250-5016 Fax: (828)250-6161
OSWWrequest@buncombecounty.org

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.