Henderson County
Department of Public Health
Environmental Health

1200 Spartanburg Highway, Suite 100
Hendersonville, NC 28792
Phone: (828) 694-6060
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IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

☐ Improvement Permit ☑ Construction Authorization

Applicant Contact Information
Name: _____
Mailing Address: _____
_____
Phone #: _____
Email: _____

Owner Contact Information
Name: _____
Mailing Address: _____
_____
Phone #: _____
Email: _____

Property Address: _____
PIN/Lot Identifier: _____ Property Acreage: _____ Date Parcel Originally Deeded & Recorded: _____
Subdivision (*if applicable*): _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____
_____

Type of Wastewater System Permit Requested: ☐ New ☐ Expansion ☐ System Relocation ☐ Change of Use ☑ Repair
Project Description: _____
Facility Type (House, Restaurant, Office, etc.): _____
Number of Bedrooms: _____ Number of Occupants: _____ Other (Employees, Seats, etc.): _____
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No
Crawl Space? ☐ Yes ☐ No Slab Foundation? ☐ Yes ☐ No
Is a grinder pump proposed before the septic tank? ☐ Yes ☐ No
Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____
Are there any existing wells, springs, or waterlines on this property? ☐ Yes ☐ No
Desired wastewater system type: ☐ Any ☐ Accepted ☐ Conventional ☐ Innovative ☐ Other: _____

If the answer to any of the following questions is "yes," the applicant must attach supporting documentation.

☐ Yes ☐ No Does the site contain any previously identified jurisdictional wetlands?
☐ 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 agencies?
☐ Yes ☐ No Are there any easements or right of ways on this property?

☐ I acknowledge that pursuant to 15A NCAC 18E .0202 (d) – pending applications will expire after 12 months with no action by the applicant. There will be no refunds for expired applications.

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, property corners, and underground utilities as well as making the site accessible so that a complete site evaluation can be performed. ***I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted****. (complete site plan = 60 months; complete plat = without expiration)*

_____ _____ _____ _____
Property owner's signature (required) Date Applicant's signature (required) Date

Must provide documentation to support claim as owner's legal representative.

Septic Repair Application Supplemental Information

Problem with septic system:
Describe the problem in detail: _____
_____
_____

When did you first notice the problem? _____

Does the problem seem to be linked to a specific event (laundry, heavy rains, visitors, etc.)?
☐ Yes ☐ No Explain: _____
_____

Please fill out the following to the best of your knowledge:
Average water usage: _____ gallons per day
When was the septic tank last pumped? _____
How often do you have it pumped? _____

Check all applicable items:
☐ Dishwashing machine Frequency of use: _____
☐ Garbage disposal Frequency of use: _____
☐ Washing machine Frequency of use: _____
☐ In-tank toilet sanitizer Replacement frequency: _____
☐ Water softener/water treatment system Where does it drain? _____
☐ Underground lawn-watering system

Underground utilities:
☐ Power ☐ Phone ☐ Cable ☐ Gas ☐ Water

Are household cleaners/chemicals disposed of down the drain?
☐ Yes ☐ No
If yes, list types: _____

Indicate if any of the following have been added to the home:
☐ Water fixtures (spas, whirlpools, bathroom fixtures, etc.) Type and #: _____
☐ New or underground gutter drains
☐ New basement/foundation drains
☐ New landscaping
☐ Other Describe: _____

PLEASE NOTE
The use of long-term prescription drugs, like antibiotics or chemotherapy, can impact the function of your septic system. If a resident of your home is currently on heavy or long-term doses of medication, please let the inspector assigned to your repair know.

EnvHealth@hendersoncountync.gov