

Bladen County Health & Human Services

Bladen County Health Department
PO Box 189, 300 Mercer Mill Road
Elizabethtown, NC 28337



Dr. Teresa Duncan, DNP, RN-C, Health Director
910-862-6900 Phone
910-862-6859 Fax

Application Number: _____
Operation Permit/NOI Number: _____

EXISTING SYSTEM APPROVAL APPLICATION

| |
|-------------------------|
| Applicant: _____ |
| Mailing Address: _____ |
| _____ |
| City: _____ |
| State: _____ Zip: _____ |
| Phone #: _____ |
| Email: _____ |

| |
|-------------------------|
| Owner: _____ |
| Mailing Address: _____ |
| _____ |
| City: _____ |
| State: _____ Zip: _____ |
| Phone #: _____ |
| Email: _____ |

Requesting:

- Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility
 Reconnection when the proposed facility is not in same footprint as existing/previous facility
 Site modification (e.g., storage building, swimming pool, etc.)
 Expansion to footprint of existing facility (e.g., deck, family room, etc.)
 Other Describe: _____

Existing Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____
Proposed Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Residences:

Proposed # of bedrooms: _____ Proposed # of Occupants: _____ Other: _____

Businesses (please discuss with local health department prior to completing):

of seats: _____ # of Employees: _____ Other: _____

Are you requesting any changes to wastewater design flow or wastewater strength? Yes No

Year wastewater system was installed, if known: _____

Name(s) that original permit could have been issued to, if known: _____

PIN/Lot Identifier: _____ Property Acreage: _____

Property Address: _____

Directions to Site: _____

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

Yes No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISTING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Property owner's signature (required)

Date

Applicant's signature (required)

Date

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

SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.

