

Bladen County Environmental Health
P.O. Box 189-450 Smith Circle
Elizabethtown, NC 28337
(910) 862-6852 Fax (910) 862-6932

Application for Environmental Health Services

Landowner: _____ Phone: _____
Address: _____ City: _____ ZIP: _____
Quad/Pin: _____ 911 Address: _____ Tax Account: _____
Directions: _____

Occupant: _____ Phone: _____
Address: _____ City: _____ ZIP: _____

The Owner of the property described hereby applies to Bladen County Health Department For:

• Septic System Repair Permit	\$50.00	_____
• Water Sample (Bacteria)	\$45.00	_____
• Water Sample (Nitrate)	\$45.00	_____
• Water Sample (Chemical)	\$95.00	_____
• Water Sample (Petroleum)	\$85.00	_____
• Water Sample (Pesticide)	\$85.00	_____
• New Well Sampling Kit	\$100.00	_____
• Existing Septic System Approval	\$75.00	_____
• Improvement Permit Only (Perk Test)	\$100.00	_____
• Improvement Permit (Site Eval-Operation) up to 600 Gpd(Small)	\$200.00	_____
601-1250 Gpd (Medium)	\$250.00	_____
1251-3000 Gpd (Large)	\$400.00	_____
• Expansion (Addition of Bedroom (s))	\$100.00	_____
• Construction Authorization – Operation Permit	\$100.00	_____
• Well Permit with <u>New</u> paid full IP	\$200.00	_____
• Well Permit	\$250.00	_____
• Revisit of Site	\$40.00	_____
• Plan Review (Lodging, Food Establishment, Daycare)	\$100.00	_____
• Public Swimming Pool Permit	\$100.00	_____
• Tattoo Parlor Permit	\$250.00	_____
• Site Revisit (Inadequate site preparation, broken appointments..etc)	\$40.00	_____

Residential Specifications

Proposed Facility/Structure Type: _____ Mobile Home_x_Mod: _____
Bedrooms: _____ People: _____ Type Water Supply: _____ Wetlands: _____
Wastewater System Preferred: _____ Repair: _____ Other: _____

Commercial/Industrial Specifications

Type of Facility: _____ Number of Employees: _____ Shifts: _____
Type Water Supply: _____ Wetlands: _____ Wastewater System Preferred: _____
Repair: _____ Other: _____

A survey map and site plan of the property line locations and measurements; proposed and existing facilities/structures, wells, waterlines, power lines and any pertinent information *must be included with this application*. The undersigned person agrees that he/she has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void if any of the above facts are not true. This form is an application only and is not intended to be a permit for the installation, alteration or repair of a sewage disposal system. The Bladen County Health Department does not guarantee that this sewage system will function in a satisfactory manner and assumes no liability for damages caused by the malfunction of this system.

Date: _____ Applicants Signature _____
Received By: _____ Check# _____ Cash: _____ Date Paid _____

