



# JOHNSTON COUNTY ENVIRONMENTAL HEALTH

A Division of Johnston County Public Health

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180 Fax: 919-989-5190

Email: envhealth@johnstonnc.com

For Office Use Only: Date Received: _____ Application #: _____ Operation Permit/NOI #: _____
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## Application for the Approval to use an Existing Wastewater System

Application and Plan Submittal: A completed Application with the site plan and fee must be submitted to the Johnston County Environmental Health Office. It can be submitted in person or by mail to the address listed above, or by email to the email address listed above. The fee can be mailed in or delivered with the application or paid over the phone at the phone number above.

### TYPE OF PERMIT:

Local Health Department

AOWE

Certified Inspector

### APPLICANT INFORMATION:

Applicant Name and Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

### OWNERS INFORMATION: Same as Applicant Information

Owners Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

### APPROVAL 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: \_\_\_\_\_

### PROPERTY INFORMATION:

#### Residential:

Proposed # of Bedrooms: \_\_\_\_\_ Proposed # of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

#### Commercial/Business: (please Discuss with local health department prior to completing):

# of Seats: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Other: \_\_\_\_\_

### SYSTEM INFORMATION:

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.

\_\_\_\_\_  
Applicant's Signature Date

If the applicant is NOT the owner, an OWNERS CONSENT form shall be included with this application. The form can be found on our website: www.johnstonnc.com/envhealth

## 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.

