

Cherokee County Health Department  
Phone (828) 835-3853 • Fax (828) 835-7854

APPLICATION FOR IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

OFFICE USE	
\$ _____	Amt
_____	Date
_____	Initials
_____	Receipt #

**IF THE INFORMATION IN THE APPLICATION FOR IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND THE AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. AN IMPROVEMENT PERMIT IS VALID FOR 5 YEARS. A CONSTRUCTION AUTHORIZATION IS VALID EQUAL TO THE VALIDITY OF THE I.P., NOT TO EXCEED 5 YEARS.**

Owner _____	Home Phone _____	Work Phone _____
Mailing Address _____	City _____	State _____ Zip _____

**PROPERTY INFORMATION**

Street Name _____	Subdivision Name _____	Secton/Block/Lot# _____	Acreage _____
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Directions from Health Department to site: \_\_\_\_\_

**DEVELOPMENT INFORMATION** REAPPROVAL \_\_\_\_\_ NEW (IP \_\_\_\_\_ CA \_\_\_\_\_ IP/CA \_\_\_\_\_) REPAIR \_\_\_\_\_ EXPANSION \_\_\_\_\_

Residence \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ # Occupants: \_\_\_\_\_ Basement? Y / N Fixtures? Y / N

Non-Residential \_\_\_\_\_ Type of structure (store, church, restaurant, etc.): \_\_\_\_\_

Total square footage of the building: \_\_\_\_\_ Max. Number of: Employees: \_\_\_\_\_

Basement? Y / N Fixtures? Y / N DESIGN FLOW (Office Use) \_\_\_\_\_ gpd \_\_\_\_\_ initials

Permit # (Office Use) \_\_\_\_\_ ZONE (Office Use) \_\_\_\_\_

**Water Supply: (You may need to check more than one.)**

\_\_\_\_\_ New Well \_\_\_\_\_ Existing Well \_\_\_\_\_ Shared Well \_\_\_\_\_ Public Water (community well or municipal water)

**Please Indicate Your Preferred System Type(s): (systems can be ranked in order of your preference):**

\_\_\_\_\_ Gravel \_\_\_\_\_ Polystyrene Aggregate \_\_\_\_\_ Chambers \_\_\_\_\_ LDP \_\_\_\_\_ Panel Block  
\_\_\_\_\_ LPP \_\_\_\_\_ Pre-treat or ATU \_\_\_\_\_ Drip \_\_\_\_\_ Ultra Shallow \_\_\_\_\_ Area Fill  
\_\_\_\_\_ Other Innovative & Experimental Systems

**If the only system types that are checked are ones that will not work, then the site cannot be permitted.**

Please contact me if the only system type(s) that can be permitted is/are one(s) that I did not check.

The Applicant shall notify the local health department if any of the following apply to the property in question. If the answer to any questions is "yes", applicant must attach supporting documentation.

YES \_\_\_\_\_ NO \_\_\_\_\_ Does the site contain any designated wetlands?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Is any wastewater going to be generated on the site other then domestic sewage?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Is the site subject to approval by any other public agency?

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 and corners and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative\*\* signature (required) \_\_\_\_\_ Date \_\_\_\_\_  
\*\*Must provide documentation to support claim as owner's legal representative

**CHEROKEE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
SEPTIC TANK SYSTEM APPLICATIONS**

**STATEMENT OF SITE PREPAREDNESS**

It is the job of the Environmental Health Specialist (EHS) to evaluate sites proposed for wastewater systems and if feasible to design a system for that site. To help the EHS complete the work efficiently, it is required to mark on the ground the significant features of the site. Property lines should be marked (e.g. flagged or painted). Other features should have stakes with flags. To ensure that the EHS does not waste time, the Cherokee County Health Department has instituted a revisit fee (see fee schedule) for unprepared sites. To prevent misunderstandings the following statement/checklist has been created. The Owner or his Agent must make sure that the following things have been done. When each item has been done, then the Owner or his Agent should initial the corresponding statement so that upon completion of this checklist the property is ready for the first site visit. When finished, sign at the bottom. This statement must be presented to the Environmental Health Office when making an application.

All property lines or other lines defining the area to be  
Evaluated for the drainfield of the on-site system  
Are marked on the ground.

\_\_\_\_\_  
(initial)

The outermost corners of the proposed house are marked.

\_\_\_\_\_  
(initial)

Existing/proposed well sites are marked on site and on  
Adjoining land (within 50 feet of property line).

\_\_\_\_\_  
(initial)

Preferred location of septic tank and drain field is marked.

\_\_\_\_\_  
(initial)

Proposed or future pools, garages and outbuildings are marked.

\_\_\_\_\_  
(initial)

Dense undergrowth in the area of the above has been cleared.

\_\_\_\_\_  
(initial)

I understand that if the above is not done at the time of the  
site evaluation that there is a revisit fee that must be  
Paid before a revisit will be done.

\_\_\_\_\_  
(initial)

\_\_\_\_\_  
Applicant for Permit/Date

## SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan. Incomplete site plans will be returned to you for completion. Remember: Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.

- \_\_\_\_\_ The dimensions of the property.
- \_\_\_\_\_ The proposed location of all structures (e.g. facility, wells, water lines, outbuildings, pools).  
Show the distances from the road and the side property line to all structures. Be sure to give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ The site you would prefer your septic system to go in.
- \_\_\_\_\_ The preferred driveway location.
- \_\_\_\_\_ A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ Any proposed structures or improvements to the property such as garages, workshops, pools, etc. If there are none, circle "N/A".
- N/A \_\_\_\_\_ The location of any existing septic tank systems and wells on your property and/or on the adjoining property within 100 ft. of your property line. If there are none, circle "N/A".
- N/A \_\_\_\_\_ The location of any easements or right-of-way on the property. If there are none, circle "N/A".
- N/A \_\_\_\_\_ The location of any designated wetlands on the property. If there are none, circle "N/A".

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**DISTANCE REQUIREMENTS:** Sewage Disposal System must be located a minimum of: 5 feet from building foundation, 10 feet from property lines, 10 feet from water lines, 15 feet from basement foundation, 15 feet from embankment or cuts, 50 feet from any stream, 100 feet from water supply. Nitrification lines must be placed on a maximum grade of 1/4 inch fall in 10 feet. Gravel must be covered with untreated building paper.

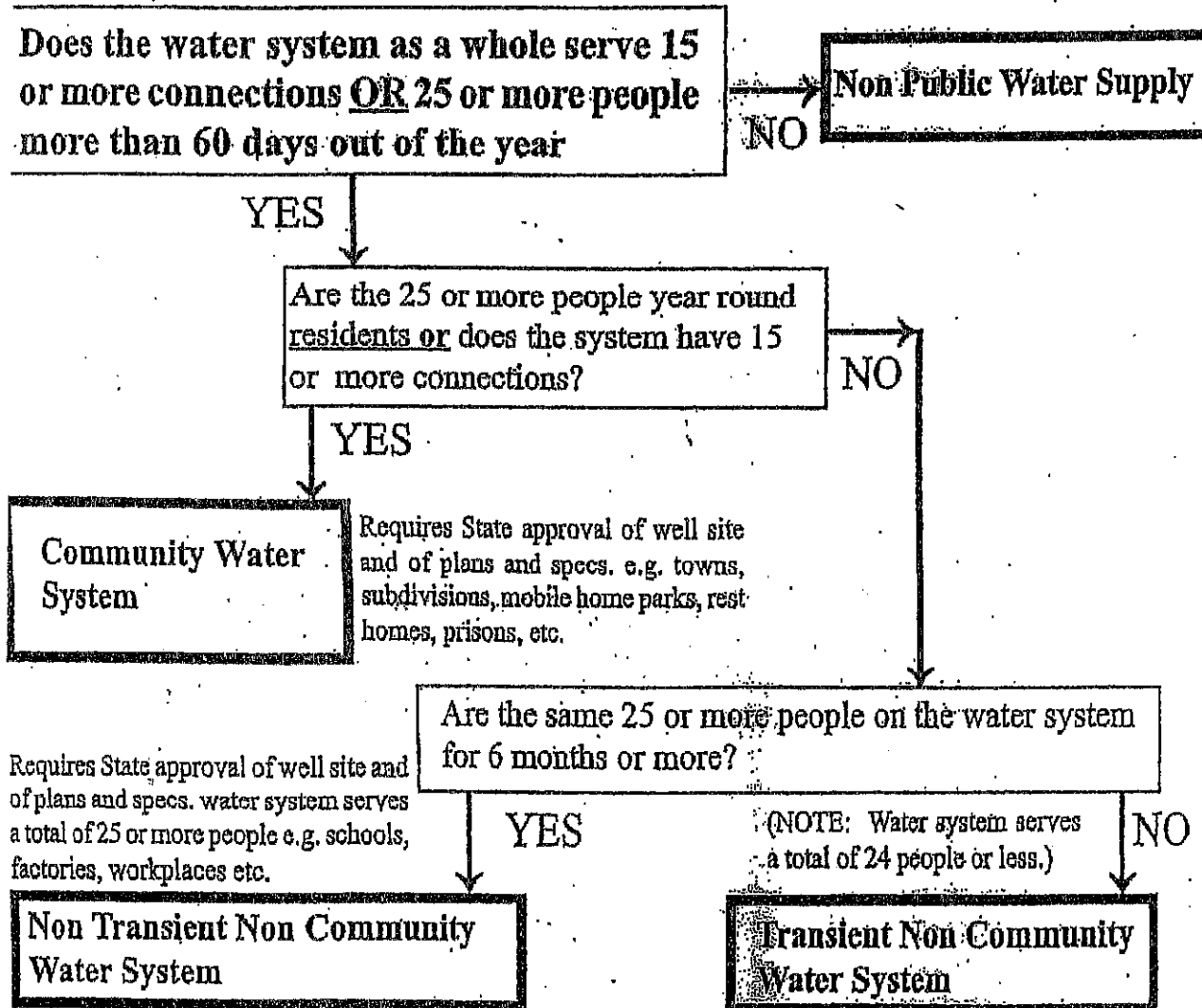
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**USE THIS SPACE TO DRAW SITE PLAN OR DRAW ON ATTACHED SURVEY PLAT**

# INSPECTION OF ALL ESTABLISHMENTS

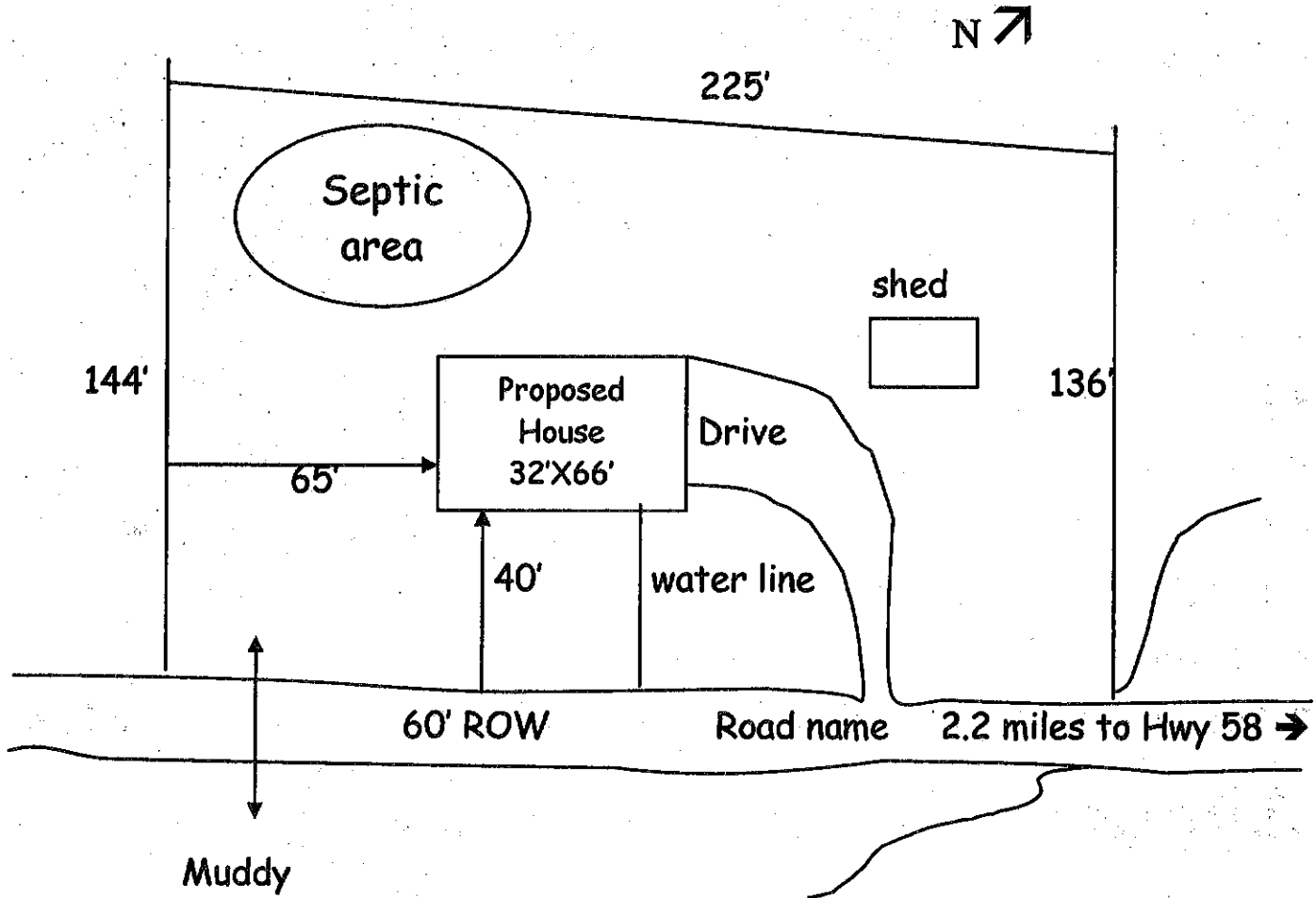
## Is the water system a Public Water Supply

**\*NOTE: If there are two (2) questions in a block and one answer is "yes" and the other "no", follow the "yes" arrow. Chart is somewhat simplified.**



## Example Site Plan

This example was prepared to assist you in drawing your own site plan. *We prefer that the site plan be drawn on a copy of the plat.* Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (828) 835-3853.



### Your site plan must include:

- |   |   |
|---|---|
| <input type="checkbox"/> North Arrow                                      | <input type="checkbox"/> Road easements   |
| <input type="checkbox"/> Property dimensions                              | <input type="checkbox"/> Existing septic systems & wells on adjacent property within 100' feet of property line |
| <input type="checkbox"/> House dimensions, including decks, porches, etc. | <input type="checkbox"/> Waterlines   |
| <input type="checkbox"/> Driveway   | <input type="checkbox"/> Designated wetlands, lakes, ponds & creeks   |
| <input type="checkbox"/> Desired septic area                              | <input type="checkbox"/> Distance between property lines and house  |
| <input type="checkbox"/> Proposed well                                    |   |
| <input type="checkbox"/> Power line easements                             |   |