

STEPS TO FOLLOW FOR RE- CONNECTION PERMIT

A Re-connection Permit is required whenever one desires to re-connect to an existing sewage disposal system, either by location or relocation of a residence, place of business, or place of public assembly.

1. Complete "Application for a Re-connection permit and a Permit Search Request form". Fill out application completely.
2. Submit plot plan or drawing of the property showing current house location, septic system location, new home location, driveway, well and any other buildings on the property.
3. Submit a map of the property. A map can be obtained from the Anson Co GIS webpage.
4. If structure is to be a mobile home, have Zoning Officer (located in the Anson County Office Building at 605 McLaurin Street) approve location.
5. Pay appropriate fees to Anson County Health Department (currently \$100).
*****Please Note this fee is NONREFUNDABLE*****
6. Uncover the top of the septic tank at both ends so the Environmental Health Specialist can inspect the interior of the tank. Help may be required with heavy lids.
7. If the house and or mobile home have been moved off the property you will need to stake off all four corners indicating the location of the new structure.
8. Clear large uncontrolled vegetation in the area and mark the tank location if not easily found.
9. Place the **RED** "EH" flag **SECURELY** at the road so the Environmental Health Specialist can find the correct property.
10. Incomplete applications will be returned and no work done until application is complete.
11. Call Environmental Health Specialist from 8:30 AM-5:00 PM Monday thru Friday at 704-694-4832 when the tank is ready for inspection. **THE TANK WILL NOT BE SCHEDULED FOR INSPECTION UNTIL THE ENVIROMENTAL HEALTH SPECIALIST IS NOTIFIED THAT IT IS PROPERLY UNCOVERED.**

IF YOU ARE NOT GIVEN A RED "EH" FLAG PLEASE ASK FOR ONE.

ANSON County Health Department
Application for RE-CONNECTION TO EXISTING SEPTIC SYSTEM

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

 Applicant Address Home & Work Phone

 Owner Address Home & Work Phone

PROPERTY INFORMATION _____ date originally deeded & recorded _____

 Street Address Subdivision Name Section/Phase/Lot#

ANSON CO PIN _____ Lot size _____

Directions to Site from our office: _____

CURRENT HOME INFORMATION

Number of bedrooms _____

Number of people _____

Size of home _____

Basement Yes _____ No _____

Basement with Plumbing fixtures Yes _____ No _____

NEW HOME INFORMATION

Number of bedrooms _____

Number of people _____

Size of home _____

Basement Yes _____ No _____

Basement with Plumbing Fixtures Yes _____ No _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? yes no

Existing Well Community Well Public Water Spring

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

- yes no Does the site contain any jurisdictional wetlands?
- yes no Does the site contain any existing wastewater systems?
- 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 agency?
- yes no Are there any easements or right of ways on this property?

YOU MUST PROVIDE ONE OF THE FOLLOWING

- Survey plat to scale* submitted
- Scaled* site plan submitted
- Unscaled site plan submitted

* scale of 1" = no more than 60'

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.

Cash or Check _____ Amount Paid _____ Date Paid _____

ANSON COUNTY PERMIT SEARCH REQUEST FORM

DUE TO AN INCREASE IN REQUESTS TO SEARCH FOR SEPTIC PERMITS IN OUR PAPER FILES , ANSON COUNTY ENVIRONMENTAL HEALTH IS REQUESTING THAT THE FOLLOWING INFORMATION BE PROVIDED SO THAT WE CAN SEARCH OUR FILES MORE EFFICIENTLY.

NAME OF THE PERSON REQUESTING SEPTIC PERMIT INFORMATION : _____

PHONE NUMBER : _____

EMAIL ADDRESS: _____

REASON FOR THE REQUEST: _____

NAME OF THE PERSON WHO ORIGINALLY APPLIED FOR THE SEPTIC PERMIT: _____

YEAR SEPTIC SYSTEM WAS INSTALLED _____

YEAR HOUSE WAS BUILT _____

NAME OF HOME BUILDER _____

NAME OF FIRST HOME OWNER _____

CURRENT ADDRESS OF THE LOCATION : _____

PROPERTY PIN # _____

ADDRESS OF THE LOCATION WHEN PERMITS WERE ISSUED _____

STATE ROAD NUMBER OF THE LOCATION _____

ANY PREVIOUS OWNERS SINCE THE HOME WAS BUILT : _____

PLEASE BE AWARE THAT OUR FILES ARE PAPER FILES AND CANNOT BE SEARCHED BY CURRENT ADDRESS AND PIN NUMBERS. THE PERMITS IN OUR FILE ARE FILED BY THE NAME OF THE PERSON THAT APPLIED FOR THE PERMIT AND BY THE YEAR. WITHOUT THE CORRECT NAME OR DATE WE MAY NOT BE ABLE TO LOCATE THE SEPTIC PERMITS THAT YOU ARE REQUESTING



Anson County Health Department
PO Box 473
Wadesboro, NC 28170
704-694-4832

OWNER'S STATEMENT

TO: Anson County Environmental Health Division
SUBJECT: Authorization for Representation as Agent for Owner & Permission to Access Property

I, _____ (print), hereby authorize _____ (print) to act as my agent in the process of application for an onsite wastewater system permit or a private drinking water well permit for the property listed below. (Real estate agents or other agents contracted to act as property representatives shall provide a copy of the signed contract verifying that the owner has acknowledged their representation of noted property.)

LOCATION: _____

ANSON COUNTY PIN: _____

In addition to the above, the Environmental Health Division has my permission to access the above referenced property.

Owner's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Owner's Signature: _____ Date: _____

SAMPLE SITE PLAN

