

# ANSON COUNTY HEALTH DEPARTMENT

## APPLICATION FOR ON-SITE WASTEWATER DISPOSAL SYSTEM PERMIT

THE OWNER OF THE PROPERTY DESCRIBED AS FOLLOWS APPLIES FOR A PERMIT TO:  
INSTALL, ALTER/REPAIR, OR CONNECT TO AN ON-SITE SEWAGE  
TREATMENT AND DISPOSAL SYSTEM. UNCOVERED WILL CALL

A PLAT AND DEED DESCRIBING THIS PROPERTY MUST ACCOMPANY THE APPLICATION.

STAKE THE FOUR CORNERS OF THE PROPERTY AND THE EXACT LOCATION OF THE STRUCTURE TO BE SERVED.

### PROPOSED STRUCTURE:

No. of bedrooms \_\_\_\_\_

No. in family \_\_\_\_\_

Duplex \_\_\_\_\_

STAKED \_\_\_\_\_ WILL CALL \_\_\_\_\_

Type of Business \_\_\_\_\_

Max. no. of employees \_\_\_\_\_

Will wastewater other than sewage  
be generated? \_\_\_\_\_ Describe \_\_\_\_\_

WITHIN WATERSHED: YES \_\_\_\_\_ NO \_\_\_\_\_

### CIRCLE ALL THAT APPLY:

Washing Machine YES NO

Jacuzzi YES NO

Patio/Deck YES NO

Garbage Disposal YES NO

Swimming Pool YES NO

Mobile Home YES NO

Basement w/ Bathroom Fixtures YES NO

### TYPE OF WATER SUPPLY:

Individual Well \_\_\_\_\_

Municipal System \_\_\_\_\_

(Locate any existing wells on property.)

ZONING OFFICER'S APPROVAL FOR MOBILE HOME: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO. - HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

DETAILED DIRECTIONS TO PROPERTY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBDIVISION/MOBILE HOME PARK: \_\_\_\_\_ LOT NO. \_\_\_\_\_

The undersigned hereby 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 and of no effect if any of the above facts are not true. Permission is granted for Health Department representatives to perform field evaluations on this property. This form is an application only and is not intended to be a permit for a sewage disposal system.

DATE: \_\_\_\_\_ OWNER SIGNATURE: \_\_\_\_\_

RECEIVED: \_\_\_\_\_

FEE NONREFUNDABLE AFTER 24 HOURS