



Application for Health Department Release

IF THE INFORMATION IN THIS APPLICATION FOR A HEALTH DEPARTMENT RELEASE IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE HEALTH DEPARTMENT RELEASE SHALL BECOME INVALID.

(For Release to be emailed when ready) Email Address: _____

Applicant or Owner _____ Address, City, State, Zip _____ Contact Phone _____

Property Owner _____ **SITE ADDRESS (address, city, zip)** _____ Owner Phone _____

PROPERTY INFORMATION

Type structure (single family, multi-family, mobile home, church, business) _____ Year Built _____

Subdivision Name _____ Tax Block Lot _____ Parcel Pin _____ Plat Date (336)703-2300 _____

INFORMATION NECESSARY TO OBTAIN A HEALTH DEPARTMENT RELEASE

- A. Existing Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____
- B. Proposed improvement: (outbuilding, swimming pool, driveway, etc) _____
 You must flag your proposed improvement
- C. Minimum Setback Requirements. (Call City of WS) 336-727-2624 Front _____ Back _____ Left _____ Right _____
- D. Water Supply: Well _____ Public Water _____ Community Well _____
- E. Non- Residential Specifications: Type of Business _____ # of Employees _____
 Total Square Footage of Building _____ # of Seats: _____ Operating Hours per Day _____
- F. 1. Site Plan (see example) include your improvement, driveways, septic and well areas.
 2. Flag all corners of the improvement and the property corners with stakes. NOTE: a re-visit fee of \$47.00 if not marked.
 3. **TO THE BEST OF MY KNOWLEDGE THE ONSITE WASTEWATER SYSTEM IS SHOWING NO VISIBLE SIGNS OF MALFUNCTION.**

UNDERGROUND UTILITIES LOCATION

You must call the NC One Call Center, dial 811 or 1-800-632-4949 or visit their website at www.nc811.org, to locate underground utilities prior to our on-site investigation. There is no charge for this service. The NC One Call Center will issue you a ticket number and a visit date to mark the utilities.

TICKET NUMBER: _____ **VISIT DATE:** _____

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is giving in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. **I understand that I am solely responsible for the proper identification and labeling of all property corners, underground utility lines, and making the site accessible so that a release investigation may be performed.**

Signature: _____ Date: _____

**Forsyth County Department of Public Health
 Division of Environmental Health
 SERVICE INVOICE
 Onsite Water and Wastewater
 Telephone: (336) 703-3225 Fax: (336) 727-2183**

DATE _____

APPLICANT NAME _____ TELEPHONE NUMBER _____

OWNER NAME _____

SITE ADDRESS _____

TAX BLOCK _____ TAX LOT _____ PIN NUMBER _____

- FEE APPLICATIONS: Soil Site Evaluation • Revisit • Redraw • Improvement Permit__**
- \$170 _____ (SSA) Soil Site Application: Any 3,4,5, or 6 bedroom house (1105)
 - \$360 _____ (SSA) Soil Site Application: Greater than 6 bedroom house (1105)
 - \$170 _____ (SSA) No of LOTS _____ @ \$170.00 per LOT (Subdivisions) (1105)
 - \$360 _____ (SSI) 100-1500 GPD (business or church) (1105)
 - \$545 _____ (SS2) 1500-3000 GPD (business or church) (1105)
 - \$1922 _____ (SS3) >3000 GPD (business or church) (1105)
 - \$47 _____ (REV) Revisit (1105)
 - \$31 _____ (RED) Redraw (335)

SEPTIC TANK SYSTEMS

Permits • Construction Authorization

- \$267 _____ (LPP) LPP SYSTEM (310)
- \$257 _____ (TPN) T&J Panel New System (310)
- \$195 _____ (CGN) Conventional or Alternative, Gravity, New System (310)
- \$170 _____ (CGR) Conv. or Alternative, Gravity, T&J Panel Repair System (310)
- \$52 _____ (PMP) Any pump installation (new Installation only) (310)

EXISTING SEPTIC TANK SYSTEMS

- \$98 98.00 (MHP) Mobile Home Connection in Existing Park (1107)
- \$47 47.00 (HDR) Health Department Release (1107)

WELLS • WATER SAMPLES

- \$298 _____ (NWC) Water Supply Well Not for Human Consumption Construction Permit (336)
- \$360 _____ (DWC) Drinking Water Well Construction Permit (336)
- \$129 _____ (WAB) Well Abandonment (336)
- \$37 _____ (WSB) Water Sample, Bacteria (1106)
- \$39 _____ (WSF) Water Sample Fluoride (1106)
- \$74 _____ (WSI) Water Sample Inorganic (1106)
- \$39 _____ (WSN) Water Sample Nitrate/Nitrite (1106)
- \$88 _____ (WSP) Water Sample Pesticide (1106)
- \$88 _____ (WSL) Water Sample Petroleum (1106)
- \$88 _____ (WSO) Water Sample Organic (VOA) (1106)
- \$75 _____ (WSU) Water Sample Uranium (plus 3 metals) (1106)
- \$63 _____ (WIB) Water Sample Iron Reducing Bacteria (1106)
- \$70 _____ (WSR) Water Sample Sulfate Reducing Bacteria (1106)
- \$79 _____ (WIN) Water Supply Inorganic and Nitrate (1106)

\$ _____ TOTAL ENCLOSED
 Note: A \$25 RETURN CHECK FEE

You may hand deliver or mail the completed application and fee between the hours of 7:00 am to 4:45 pm to:
**Forsyth County Department of Public Health
 Environmental Health Division
 799 N Highland Ave
 Winston Salem NC 27101**

We accept CASH, CHECKS (payable to FCDPH), MONEY ORDERS or CREDIT/DEBIT Cards (in person only).

Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 703-3225

