



Environmental Health
 500 N. Main Street
 Suite #47
 Monroe, NC 28112
 T. 704.283.3553
 unioncountyh@unioncountync.gov
 www.unioncountync.gov

Compliance Inspection Report Existing Well and Septic System Authorization

A \$75.00 fee must be paid prior to inspection being scheduled

This inspection is valid for a period of 12 months with NO CHANGES to the plan of work.

<p>Owner Information: Name: _____ Address: _____ _____ Phone: _____ Email: _____</p> <p>Agent/Applicant Name*: _____ *Provide authorization to act as owner. Address: _____ _____ Contact Phone: _____ Email: _____</p>	<p>Site Information: Parcel ID/Tax Code: _____ Address: _____ Subdivision: _____ Lot #: _____ Owner at time of construction: _____ Year built: _____ Description of house: _____</p> <p>Water Supply Type: <input type="checkbox"/> Public Water <input type="checkbox"/> Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Community Well Is there an irrigation well on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Directions to Property from Monroe: _____ _____</p>	
<p>Reason for Inspection: <input type="checkbox"/> Pool/Associated Structures (i.e. Pool House, Decking, Kitchenette, etc.) <input type="checkbox"/> Deck <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Irrigation System (Provide layout of proposed irrigation lines) <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Storage Building/Workshop <input type="checkbox"/> Other (Please Describe) _____ Will there be living quarters? Yes / No Explain: _____ Will there be plumbing? Yes / No Explain: _____ <input type="checkbox"/> Addition: Type of Addition: _____ <input type="checkbox"/> House Replacement <input type="checkbox"/> Change of Use: Zoning Approval Required For Change of Use</p>	
<p>Current Use: Residence- # of bedroom(s): _____ # of Occupants: _____ Business – type: _____ # of Employees: _____ Other: _____</p>	<p>Proposed Use: Residence- # of bedroom(s): _____ # of Occupants: _____ Business – type: _____ # of Employees: _____ Other: _____</p>
<p>Are there any dogs or fences prohibiting access to property or septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, arrangements will need to be made for access to system area.</p>	
<p>Remarks: _____ _____</p>	

Provide a site plan indication the locations of the existing and proposed facilities, existing wastewater systems and repair areas (tank and drain field), existing water supplies, easements and all appurtenances. (Pool, sheds, etc.)

Inspection of a septic system involves probing with a steel probe, and possibly auguring holes. We cannot conduct an inspection until the property owner locates all utilities, including water lines, on the property. If utilities cannot be located, any damages or repairs shall be the responsibility of the property owner. By signing this request, I agree the information submitted is true and give Union County Environmental Health permission to access my property for the above stated inspection.

Proposed construction must be marked on-site prior to inspection.

Owner/Agent Signature: _____ Date: _____



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Authorization to Act as Agent for Owner

Any application /document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agent for the owner. This form also allows the specified individuals to sign or receive any application/document/permit on behalf of the owner and allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any and all permit conditions stated on permits issued by this Division are followed.

I, _____, am the legal owner of the property located at _____ (address, subdivision and lot #). The tax parcel identification number(s) is _____, located in Union County, North Carolina.

I do hereby authorize _____ (print agent and company name, if applicable), to act as an agent on my behalf in applying for/signing/obtaining any of the documents associated with Union County Environmental Health services.

By signing the authorization, you acknowledge that any falsification of information will void all permits and/or documents associated with this form.

 Signature of Owner

 Date

 Signature of Authorized Agent

 Date

