



**SAMPSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**

Telephone (910) 592-4675 Fax (910) 592-2874

405 County Complex Road, Suite 120
Clinton, North Carolina 28328

PERMIT # _____

**Application for:
Existing Septic System Approval for Reconnection or Property Additions**

*****If you are increasing the number of bedrooms in your home, you must fill out a Septic Permit application to expand an existing system. This also applies to businesses increasing number of employees or retail space, restaurants increasing dining area or number of seats, churches increasing seating capacity, and any other applicable factor that will increase flow to the existing septic tank system.**

APPLICANT INFORMATION:

Person Filing Application:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Alternate Phone: _____
E-Mail: _____

Property Owner: Same as person filing application

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Alternate Phone: _____
Email: _____

PROPERTY INFORMATION:

Parcel Id (PIN#) _____

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____

Water Supply: Public Water Existing Well Public, but there is an existing well

The New Structure will be a: (Check one below)

- House/mobile home that will have _____ bedrooms and _____ people living in the home
- Detached building or Pool Addition to house (What are you adding?): _____
- A business: (Describe the business) _____

*****A foundation must be at least 5 feet and pools must be at least 15 feet from any part of a septic tank system, including any tanks, drainlines, and the septic system's designated repair area. Please mark/flag corners of new structure prior to our visit.**

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.

(See Back)

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Wanda Robinson
Health Director

If a map is not provided, please draw a sketch of the property showing the location of the home, business, driveway, septic tank, drainlines, well(s), water line(s), detached structure(s), water bodies, easements and right-of-ways. Please show where the new structure(s) will be located.

