

# Stokes County Health Department



PO Box 187  
1009 N Main Street  
Danbury, NC 27016  
(336) 593-2400

Tammy Martin, MS MPH, Health Director  
Brandon Joyce, RS, Environmental Health Supervisor

Permit Number: \_\_\_\_\_

## EXISTING SYSTEM APPROVAL APPLICATION

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

### Requesting:

- Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility  
 Reconnection when the proposed facility is not in same footprint as existing/previous facility  
 Site modification (e.g., storage building, swimming pool, etc.)  
 Expansion to footprint of existing facility (e.g., deck, family room, etc.)  
 Other Describe: \_\_\_\_\_

Existing Facility Type:  House/Modular  Mobile/Manufactured Home  Business  Other: \_\_\_\_\_

Proposed Facility Type:  House/Modular  Mobile/Manufactured Home  Business  Other: \_\_\_\_\_

### Residences:

Proposed # of bedrooms: \_\_\_\_\_ Proposed # of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

### Businesses (please discuss with local health department prior to completing):

# of seats: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Other: \_\_\_\_\_

Are you requesting any changes to wastewater design flow or wastewater strength?  Yes  No

Year wastewater system installed, if known: \_\_\_\_\_ Water Supply:  Well (shared  Yes  No)  Public Water  Other

Name(s) that original permit could have been issued to, if known: \_\_\_\_\_

PIN/Lot Identifier: \_\_\_\_\_ Tax Map#: \_\_\_\_\_ Property Acreage: \_\_\_\_\_

Property Address: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

Yes  No

**\*This permit is only valid for 120 days after date of issuance.**

### \*\*Office Use Only\*\*

- Cash  
 Debit/Credit  
 Check: # \_\_\_\_\_

Receipt #: \_\_\_\_\_

**IF THE INFORMATION IN THE APPLICATION FOR AN EXISTING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

\_\_\_\_\_  
Property owner's signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature (required)

\_\_\_\_\_  
Date

*\*Must provide documentation to support claim as owner's legal representative.*

## **SITE PLAN**

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.

