



# Bertie County Health Department

## Environmental Health Division

### Application for Environmental Health Services



Post Office Box 530 Windsor, NC 27983  
 Phone: 252-794-5303 Fax: 252-794-5361  
 A Division of Albemarle Regional Health Services

CDP# \_\_\_\_\_

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Property Location \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Tax Parcel Number \_\_\_\_\_

Type of Environmental Service		Check	Type of Facility	Check
Lot Evaluation		\$225.00	House	
Existing System Inspection		\$60.00	Modular Home	
Septic System Repair		\$60.00	DW Mobile Home	
Well Permit		\$374.00	SW Mobile Home	
Migrant Water Sample		\$100.00	Business Type	
<b>Water Supply</b>			<b>Facility Specifications</b>	
New Well			Number of Bedrooms	
Existing Well			Number of Bathrooms	
Public Water			Number of Residents	
Well on adjacent lot			Dishwasher	

**Notes:**  
 \*\*\*\* Applications must now be grouped and may have a two week wait time to conserve fuel \*\*\*\*

flags given

**Size of Property** \_\_\_\_\_  
 Minimum lot size is governed by the Bertie County Subdivision Ordinance based on site and septic system criteria  
 MINIMUM sizes range from 20,000 sqft to 35,000 sqft

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- |            |           |  |
|------------|-----------|--|
| <b>Yes</b> | <b>No</b> | Does the site contain any jurisdictional wetlands?                           |
| <b>Yes</b> | <b>No</b> | Is any wastewater going to generated on the site other than domestic sewage? |
| <b>Yes</b> | <b>No</b> | Is the site subject to approval by any other public agency?                  |

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. If the information in the application is falsified, changed, or the site conditions altered, then the Improvement Permit and Authorization to Construct shall become invalid.

\_\_\_\_\_  
 Property Owner's or Owner's Legal Representative Signature Date

**Fee Collected** \_\_\_\_\_ **Date received** \_\_\_\_\_  
 LHD signature **Cash** **Check** (Check # \_\_\_\_\_)  
**Construction Authorization Paid** **Cash** **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_