



**Bertie County Health Department
Environmental Health Division
Application for Environmental Services**

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

Name _____
Mailing Address _____
Property Location _____
Phone Number _____
Tax Parcel Number _____

| <u>Type of Environmental Service</u> | <u>Check</u> | <u>Type of Facility</u> | <u>Check</u> |
|--------------------------------------|--------------------------|--------------------------------|---|
| Lot Evaluation | <input type="checkbox"/> | House | <input type="checkbox"/> |
| Existing System Inspection | <input type="checkbox"/> | Modular Home | <input type="checkbox"/> |
| System Repair | <input type="checkbox"/> | DW Mobile Home | <input type="checkbox"/> |
| Water Sample | <input type="checkbox"/> | SW Mobile Home | <input type="checkbox"/> |
| | | Business Type | <input type="checkbox"/> |
| | | <u>Facility Specifications</u> | |
| <u>Water Supply Type</u> | | Number of Bedrooms | <input type="checkbox"/> |
| New Well | <input type="checkbox"/> | Number of Bathrooms | <input type="checkbox"/> |
| Existing Well | <input type="checkbox"/> | Number of Residents | <input type="checkbox"/> |
| Public Water | <input type="checkbox"/> | Dishwasher | Y <input type="checkbox"/> N <input type="checkbox"/> |

Notes:

Size of Property

Minimum lot size is governed by the Bertie County Subdivision Ordinance based in 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.

- | | | |
|------------|-----------|--|
| Yes | No | Does the site contain any jurisdictional wetlands? |
| Yes | No | Is any wastewater going to generated on the site other than domestic sewage? |
| Yes | No | 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 _____