

## Procedures for Lot Evaluations for Sewage Disposal Systems and Well Permit

Stokes Family Health Center Environmental Health Section  
PO Box 187 1014 Hwy 8 & 89 Danbury NC 27016  
Phone # 336-593-2403 Fax # 336-593-4021

In order for us to better serve the public and to increase the efficiency of our limited staff, you will need to do the following.

Completely fill out all of the attached application.

Submit a survey plat, a tax map, or an aerial photograph of the property with the length of each property line marked.

Submit tax map # and pin # (not deed book and page #)

Submit a site plan. Please follow the instructions for the site plan and include all items listed on the reverse of the application.

Property corners, house or mobile home location and well site must be marked on the property with stakes and flags. If outbuilding, swimming pool, or other construction is planned, please make us aware of its location on the site plan.

Undergrowth needs to be cleared to the point that the property is accessible, and **we need to be able to see the top of ground at least fifty (50) feet from any point in this area in order to make adequate measurements along contours. If the lot is grown up, please have it bush hogged. You do not need to cut large trees.**

If the area to be evaluated is not visible from the road, please place a marker at the side of the road and mark a cleared trail to the area. **Extra flagging tape is available at the Health Department at no charge.**

### **Please Note:**

**Planning Department approval is necessary for all newly created lots or replacements dwellings or structures on existing lots.**

**All properties and structures must comply with the regulations of the Stokes County Zoning Ordinance and subdivision Regulations.**

**If you have any questions about Building or Zoning Codes their phone number is 336-593-2439 or 336-593-2444.**

### **HOW TO USE THE FLAGGING TAPE :**

- \* **Pink Ribbon** - Use to mark the preferred septic location.
- \* **Blue & White Ribbon** - Use to mark each of the four corners of the house or mobile home.
- \* **Property Line Ribbon** - Use to mark each of the four corners of the property.
- \* **Blue Ribbon** - Use to mark the proposed well location.

**To avoid unnecessary delays, have the property properly marked when the application is filed. If the property is not ready when we arrive to make the evaluation, you will be charged a \$20.00 Additional Visit Fee payable before our return visit. Incomplete site plans will be returned.**

We try to do the evaluations as soon as possible after we receive the application, but due to weather conditions and the fact that we sometimes receive many applications at one time, there may be a delay of several weeks before you get the results of the evaluation. We will either send you a permit or an explanation of why the property is not suitable. Feel free to ask while you are in the office how many weeks it might take to do the soil test.

**Please do not call the inspector just to see if your lot has been evaluated as this cuts into their time of writing permits. Each person's applications is important to us and will receive the same care and attention as the next person. Your attention to these matters will help us to give all applicants faster service.**

Additional Phone Numbers to call toll-free in Stokes County: 593-2811, 994-2418, 994-6805, 983-0421, 983-0734, 368-5369, 368-3736, 427-2374, 427-6927

<b>MINIMUM DISTANCES:</b>	
Septic tank & drainfield	100 ft
Other subsurface ground absorption waste disposal system	100 ft
Industrial/municipal sludge-spreading/waste-water-irrigation sites	100 ft
Water-tight sewage & liquid-water collection/transfer facility	50 ft
Other sewage & liquid-waste collection/transfer system	100 ft
Cesspools & privies	100 ft
Animal feedlots/manure piles	100 ft
Fertilizer, pesticide, herbicide or other chemical storage area	100 ft
Non-hazardous waste storage treatment/disposal lagoons	100ft
Sanitary landfills	500ft
Other non-hazardous solid-waste landfills	100 ft
Animal barns	100 ft
Building foundations	50 ft
Surface water bodies	50 ft
Chemical/petroleum fuel underground storage tanks regulated under 15A NCAC 2N	
a. With secondary containment	50 ft
b. Without secondary containment	100 ft
All other potential sources of ground-water contamination	100 ft
<p>For a well serving a single family dwelling where lot size or other Fixed Conditions preclude the separation distances specified above, the required separation distances shall be the maximum feasible distance possible but shall in no case be less than the following:</p>	
Septic tank & drainfield	50 ft
Water-tight sewage & liquid-water collection/transfer facility.	50 ft
Building foundations	25 ft
Cesspools & privies	50 ft



## SITE PLAN WORKSHEET

Place a Mark (x) beside each item when it has been completed on the site plan.  
Incomplete site plans will be returned to you for completion.

**Please Remember your property can not be evaluated until we have received a completed application, site plan, and all proposed items are marked on the property.**

1. \_\_\_ The dimensions of the property
2. \_\_\_ The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools).  
**Show the distances from the road and the side property line to all structures.**  
Be sure to give the size for all the structures. If you are not sure of the size of the structure  
Please show the size of the MAXIMUM area it will cover on the lot.
3. \_\_\_ The site you would prefer your septic system to in.
4. \_\_\_ The preferred driveway location.
5. \_\_\_ Any proposed structures or improvements to the property such as garages, workshops, pools, etc.  
If there are none circle "N/A".
6. \_\_\_ The location of Any existing septic tanks systems or wells on your property or adjoining property  
within 100 feet of the property line. If there are none circle "N/A".
7. \_\_\_ The location of any easement or right of ways on the property. If there are none circle "N/A".
8. \_\_\_ The location of any wetlands on the property. If there are none, circle "N/A".

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**Use this space to draw your site plan.**

\_\_\_\_\_ I understand that if the system I requested cannot be installed on this property, I will accept the system required by the Health Dept.

\_\_\_\_\_ I understand that if the site plan/system location as marked in the field is different from the site plan filed with this application, I will accept the requirements of the Health Dept.

Owner/Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

**WELL INSTALLATION / REPAIR APPLICATION**

12/12/2002

Permit # \_\_\_\_\_

**Stokes County Health Department  
P O Box 187 Danbury NC 27016**

**Environmental Health Section  
Phone 336-593-2403 Fax 336-593-4021**

Owner \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Acres \_\_\_\_\_ Subdivision \_\_\_\_\_ Section/Lot \_\_\_\_\_

Location/Directions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

**Type of Application**

**Building Type**

**Method of Sewage Disposal**

\_\_\_\_ NEW WELL

Residential \_\_\_\_\_

\_\_\_\_ Proposed

\_\_\_\_ REPLACEMENT WELL

Commercial \_\_\_\_\_

\_\_\_\_ Existing

\_\_\_\_ REPAIR TO EXISTING WELL

Other \_\_\_\_\_

\_\_\_\_ Conventional Septic System

\_\_\_\_ Alternative System

**Know Sources of Pollution on Property** \_\_\_\_\_

\_\_\_\_ Municipal Sewage Disposal

Other \_\_\_\_\_

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and it is given in good faith. I understand that any and all permits applied for or granted shall be void, if any of the information is incorrect or false. Authorized County and State officials are granted right of entry to conduct necessary evaluations and inspections to determine compliance with applicable regulations. The owner/applicant is solely responsible for compliance with applicable governing regulations. A Well Permit is valid for 5 year from date of issuance.

A well construction permit is subject to suspension or revocation if regulations are not fully complied with.

**\$100.00 Application Fee**

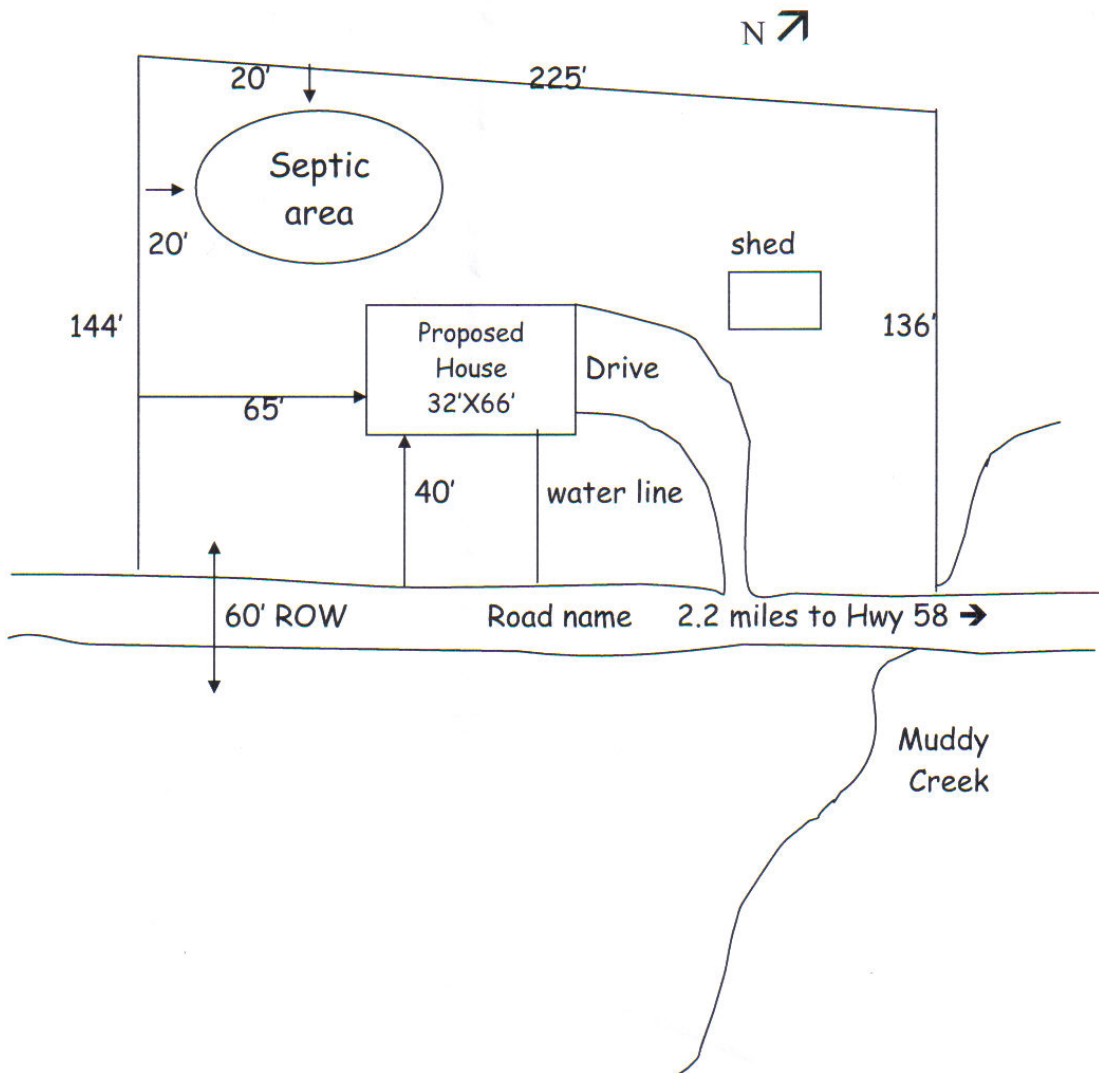
I have read the instructions provided with this application and certify that I have marked the property as required. I have also submitted the required site plan, tax map, and application fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Rec # \_\_\_\_\_

## Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 593-2403



STOKES COUNTY  
HEALTH DEPARTMENT  
Environmental Health Section

SITE EVALUATION ID CARD

Parcel ID  
Number: \_\_\_\_\_

Tax Map  
Number: \_\_\_\_\_

Owner's  
Name: \_\_\_\_\_

(Complete lot # and section only if the property is in a subdivision)

Lot # \_\_\_\_\_ Section \_\_\_\_\_

Date \_\_\_\_\_

Locate in Front Center of Property So It Is Visible From Public Road.