



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 _____

<u>Type of Environmental Service</u>		<u>Check</u>	<u>Type of Facility</u>	<u>Check</u>
Lot Evaluation		\$225.00	House	
Existing System Inspection		\$60.00	Modular Home	
Septic System Repair		\$60.00	DW Mobile Home	
New Well Permit		\$300.00	SW Mobile Home	
Existing Well Replacement		\$300.00	Business Type	
			<u>Facility Specifications</u>	
<u>Water Supply</u>	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.

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 _____ **Cash** _____ **Check** (Check # _____)
Construction Authorization Paid _____ **Cash** _____ **Check #** _____ **Date** _____