



Public Health

ENVIRONMENTAL HEALTH DIVISION

Reconnection Authorization Application

For Reconnection to existing well or septic system

Please Indicate Preferred Payment Method
No Surcharge for Online Payment.

BY Mail

In Office

Online

1. Applicant Information:

Applicant Name Address City State Zip Applicant E-mail Phone (H) (C) Owner Name Address City State Zip Owner E-mail Phone (H) (C)

2. Location Information:

a) Lot Dimensions/Acreage, Year Septic Installed, Original Owner
b) Number of Bedrooms in Existing Mobile Home/House?
c) Number of Bedrooms in Proposed Mobile Home/House?
d) Existing Water Supply (choose one): Private Well, Community Well, Municipal Water, Other
e) Type of Septic System (if known): Conventional, Pumped Conventional, Low Pressure Pipe, \*Sandfilter, Other
f) Is Municipal Sewer Line Available? Yes No

\*Sandfilter systems are under the jurisdiction of the N.C. Department of Environment Quality, Division of Water Resources (919)791-4200.

3. Application and Site Instructions:

- a) SUBMIT A SITE PLAN OF THE PROPERTY NOTING WHERE EXISTING DWELLING IS LOCATED AND WHERE NEW DWELLING IS DESIRED.
b) SUBMIT FLOOR PLANS FOR THE PROPOSED DWELLING
c) LOCATE THE WELL, DRIVEWAY, OUT BUILDINGS, ETC. ON THE SITE PLAN/PLAT.
d) ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED IN THE FIELD PRIOR TO THE ENVIRONMENTAL HEALTH SPECIALIST'S ARRIVAL.

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 and 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.

Property owner's or owner's legal representative signature (required)

Date



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | healthinspector@dconc.gov
Equal Employment/Affirmative Action Employer

Office Use Only
West East
Paid / /
Cash Check CC OCC
#