



CASWELL COUNTY ENVIRONMENTAL HEALTH
 PO Box 1406, 215 County Park Rd, Yanceyville, NC 27379
 PHONE 336-694-9731 • FAX 336-694-5547

GENERAL SERVICES APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Relationship To Property Owner: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Property Owner Name: _____

Property Owner Address: _____

Home Phone: _____ Work Phone: _____

PROPERTY INFORMATION

Street Address _____

Subdivision Name _____ Section/Lot# _____

Directions to Site _____

PRIVATE DRINKING WATER WELL SAMPLES: *(Analyzed At The NC State Lab Of Public Health)*

- | | |
|---|--|
| <input type="checkbox"/> BACTERIA.....(\$50.00) | <input type="checkbox"/> FULL INORGANIC PANEL.....(\$130.00) |
| <input type="checkbox"/> WELL WATER FULL PANEL.....(\$130.00) * | <input type="checkbox"/> NITRATE/ NITRITE.....(\$80.00) |
| <input type="checkbox"/> PETROLEUM.....(\$130.00) | <input type="checkbox"/> COMPLETE SAMPLE PACKAGE (Includes |
| <input type="checkbox"/> PESTICIDES.....(\$130.00) | all constituents listed above).....(\$297.00) |
- * "Well Water Full Panel" includes bacteria, inorganics and nitrate/nitrite
- OTHER: A complete list of all samples offered by the NCSLPH is available on request.

MIGRANT CAMP INSPECTION (Water/Sewer):

Number of Workers Requested _____

ON-SITE WASTEWATER TREATMENT SYSTEM:

- SEPTIC SYSTEM REPAIRS.....(\$50.00)
- Type of malfunction: Backup Surfacing Number of Bedrooms (Required) _____
- EXISTING SEPTIC APPROVALS FOR HOME CHANGEOUTS.....(\$150.00)
- SYSTEM SETBACK EVALUATION FOR BUILDING ADDITIONS.....(\$50.00)
- Describe the type and location of the addition or provide a site plan.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Authorized County and/or State Officials are granted the 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.

Owner/Applicant Signature _____

Date _____