



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

APPLICATION FOR ONSITE WASTEWATER VERIFICATION

As of 2/14/2022, we require underground utilities to be located.

Underground Utilities Location

You must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site evaluation. There is no charge for this service. The NC One Call Center will issue you a ticket number and a date that they will visit to mark the underground lines.

Ticket/ Reference Number: _____ Visit Date: _____

If you want to be present the day your property is evaluated, we will attempt to contact you prior to the evaluation. Make sure to list on the application a telephone number where you can be contacted during business hours, Monday - Friday.

Paperwork can be returned via email to Carla.Hansil@gastongov.com
or Melissa.Barnes@gastongov.com

When paperwork is emailed back to the office, someone will call to collect payment over the phone. If you need to reach someone with questions, please call 704-853-5200. We are located at 991 W. Hudson Blvd. Gastonia, NC 28052 (our entrance is located off Henderson Street).

APPLICATION FOR ONSITE WASTEWATER VERIFICATION

Health Department Compliance Does Not Guarantee Zoning Compliance

Applicant's Name

Mailing Address

Home/Work/Cell Phone #

Email Address

Owner's Name

Mailing Address

Home/Work/Cell Phone #

Email Address

Property Information

Street Address

City

Zip Code

****REQUIRED INFORMATION****

Type of Addition: _____

(ex. deck, storage building, pool, removing existing home and replacing with new home, etc.)

Dimensions of Addition: _____

Will Any Plumbing be Located in Addition? Yes No

If moving a mobile home onto property – number of bedrooms in new home? _____

Original Property Owner's Name: _____

Year Septic System Installed: _____

Property Owner's Signature (or legal representative):

Signature

Date: _____

A site drawing must be provided showing existing structures, proposed addition, and the location of well and septic system, if known. The drawing sheet is included.

SITE DRAWING FOR OSWW VERIFICATION PERMIT

Addition must be flagged or staked if applicant cannot meet onsite.

GASTON COUNTY
Environmental Health
991 W. Hudson Blvd- Gastonia, NC 28052
(704) 853-5200 / Fax (704) 853-5231

AUTHORIZATION FORM

Property Address:

Property Tax ID: _____ **PID or PIN**

I, _____, the agent of the owner of the above-referenced property hereby request a representative of the Gaston County Health Department to enter the property and perform the work necessary to make a determination whether the proposed addition is in compliance with the NC Laws and Rules For Sewage Treatment and Disposal.

Agent's Name Print _____ **Agent's Name Signature** _____

Date _____ **Phone #** _____

Owner's Name Print _____ **Owner's Signature** _____

Date _____ **Phone #** _____