

**Clay County Health Department Environmental Health Division**

**PO Box 55, 345 Courthouse Drive, Hayesville NC 28904 (828)389-8326**

**Fee Schedule**

**On-site Wastewater Program**

1. **Residential/Dwelling Units**
2. **Improvement Permit (IP) Only**

**1 Bedroom (120 gpd) DDF………………………………………………………..…...$ 400**

**2 Bedroom (240 gpd) DDF………………….……………………………..…..............$ 500**

**3 Bedroom (360 gpd) DDF…………………...…………………………………..…....$ 600**

**4 Bedroom (480 gpd) DDF ………...………………………..………..…………….....$ 700**

**Each additional bedroom (120 gpd) DDF thereafter………….…………………….$ 20****0**

1. **Construction Authorization (CA) Only (Issued off valid (IP)**

**1 Bedroom (120 gpd) DDF…………………………………………………………….$ 200**

**2 Bedroom (240 gpd) DDF……….…………………..………………………………..$ 250**

**3 Bedroom (360 gpd) DDF…………………………………………………………….$ 300**

**4 Bedroom (480 gpd) DDF……….…………………………………….………….…..$ 350**

**Each additional bedroom (120 gpd) DDF thereafter………………………………..$ 100**

1. **Improvement Permit/Construction Authorization (IP/CA Combined)**

**1 Bedroom (120 gpd) DDF…………………………………………………………….$ 400**

**2 Bedroom (240 gpd) DDF…………………………………………………………….$ 500**

**3 Bedroom (360 gpd) DDF………………………………….........................................$ 600**

**4 Bedroom (480 gpd) DDF…………………………………………………….……....$ 700**

**Each additional bedroom (120 gpd) DDF thereafter………….…………………….$ 200**

**Note: Town homes, condominiums, patio homes, apartments, mobile home parks and any other multi-family developments and/or structures application and fees are based upon number of bedrooms per individual dwelling unit and/or unit.**



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1. **Repair to an existing onsite wastewater residential system (CA only)…………..…$ 100**

**Note: Per 15A NCAC 18E .1303 an existing onsite wastewater system in use shall meet the North Carolina rules and regulations definition of a failing/malfunctioning system to qualify as a malfunctioning system in need of repair.**

1. **Expansion/Addition of DDF to an existing on-site wastewater system…………..$ 400**

* **For a total of 4 bedrooms upon residence dwelling unit completion.**
* **5 bedrooms or more, new residential fee applied)**

**Note: Expansion/Addition applies only to residential dwelling unit’s onsite wastewater system(s) that are installed and functioning properly. An expansion/addition cannot be done to a valid Improvement Permit/Construction Authorization. To expand or add to an IP/CA a new application with applicable fees shall be required for the total requested DDF. Commercial/non dwelling establishments shall be charged new system prices for any expansion/addition of the DDF.**

1. **Relocation of septic tank only………………………………………………………………..$ 250**

**Note: Fees for relocation of existing drain field shall be accessed from A (1) (2) (3).**

1. **Type IV, V, VI Inspection System Fee (residential only) …………………………....$ 300**

**Note: Type IV, V, VI System Inspection Fee: in addition to Improvement/Construction Authorization Fee.(payable at the time of building permit issuance)**

**8) Recreational Park Trailer/ Park Model/Travel Trailer (RV) (per unit)…………$ 400**

**Note: 2 or more recreational park trailers, park models, and RV’s DDF shall be sized in accordance with the most current Recreational Vehicle Park Guidance and 15ANCAC 18E .0401.**

**9) Privy and all Type I systems ……………………………………………………………......$ 250**

**10) Improvement Permit without expiration …………………………..………………….....$ 2000**

**DDF- Daily Design Flow**



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**B.Commercial/Non-Residential/Non-Dwelling Establishment Type I, II, III, IV, V, VI Systems**

**1) Improvement Permit (IP) Only**

**Daily Design Flow ~~Rate~~ of 180 gallons or less………………………………………...….$ 400**

**Daily Design Flow ~~Rate~~ of 181–360 gallons…..………………….................……….…....$ 800**

**Additional Fee for each additional ~~10 gallons~~ gallon per day in excess of 361 gallons/day**

**…………………………………………………………………………...………..……...$2/gallon**

1. **Construction Authorization (CA) Only (Issued off valid (IP)**

**Daily Design Flow ~~Rate~~ of 180 gallons or less……………………….……….................$200**

**Daily Design Flow ~~Rate~~ of 181-360 gallons …...……………………………….………..$400**

**Additional Fee for each additional ~~10 gallons~~ gallon per day in excess of 361 gallons/day ……………………………………………………………………………………………$2/gallon**

1. **Improvement Permit/Construction Authorization Combo**

**Daily Design Flow ~~Rate~~ of 180 gallons or less ……………………………....................$400**

**Daily Design Flow ~~Rate~~ of 181-360 gallons…….………………………...….................$800**

**Additional Fee for each additional ~~10 gallons~~ gallon per day in excess of 361 gallons/day ……………………………………………………………………………………………$2/gallon**

**Note: Fees for relocation of any part of the on-site wastewater system shall be accessed from B (1) (2) (3).**

1. **Repair of an existing commercial/non-residential/non dwelling onsite wastewater system…….……………………………………………………………………...………..1/2 initial cost**

**Note: Per 15A NCAC 18E .1303 an existing onsite wastewater system in use shall meet the North Carolina rules and regulations definition of a failing/malfunctioning system to qualify as a malfunctioning system in need of repair.**



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1. **Site Visits:**
2. **Existing System Approvals for Reconnection and Property Additions………...**.**$ 250**

**Note: Shall comply with 15A NCAC 18E .0206: Be within the same footprint of previous facility, no increase in DDF or wastewater strength. If does not meet all these requirements shall apply for a Construction Authorization with applicable fees.**

1. **Health Department Release for Change of Use……………………………………….$300**
2. **Type IIIb Pump System Inspection……………………………………………………...$ 200**

**(payable at the time of building permit issuance)**

1. **Re-visit, Site Consultation, Re-flagging, Re-inspection, or Pre-Construction Conference …………………………………………………………………….……………....$ 100**



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1. **Alternative Wastewater System Permitting Options:**
2. **Engineered Option Permit (EOP)…………………………………………………..…..$35**

**Note:** **This is a filing fee only paid at the time of submission of the Notice of Intent (NOI)**

1. **Authorized Onsite Wastewater Evaluator (AOWE)………………………………$35**

**Note: This is a filing fee only paid at the time of submission of the Notice of Intent (NOI)**

1. **SL 2022-11**
2. **Improvement Permit Only……………………………...100% of fees found in A. 1) & B. 1)**
3. **Construction Authorization Only……………………....40% of fees found in A. 2) & B.**
4. **Improvement Permit/Construction Authorization...40% of fees found in A. 3) & B. 3)**

**Note: Pursuant to NC GS 130A-335 (a2), (a3), (a5) Pursuant to NC GS 130A-336.1 (b) (m) Pursuant to NC GS 130A 336.2 (b) (m)**



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**Private Drinking Water Well Program**

1. **Private Drinking Water Well**
2. **New Well..……………….................................................................................................................$ 400**
3. **Repair of an Existing Well.…………….....................................................................................$ 200**

**Note: Well repairs are work involved in deepening, reaming, sealing, installing, or changing casing depth, perforating, screening, or cleaning, acidizing or redevelopment of a well excavation, or any other work which results in breaking or opening the well seal. Repairs also include well liners, hydrofracturing, (A spring that has dried up serving an existing established residence shall be assessed as a well repair). Well repair fees do not apply when the repair is made within 180 days of new well construction.**

1. **Well Abandonment….……………………………………………………………………..........$ 100**
2. **Well Variance Request………...……………………………………...……........................…..$ 200**
3. **Re-visit or Re-inspection……………………………………….……...………………….…...$ 100**
4. **Water Testing**

**1) Bacteria ……………………………………………………………………..………………..…....$ 30**

**2) Inorganic Chemistry: Metals Panel only…………..…………………................................$ 100**

**3) Nitrate/Nitrite………………………………………………………………………………….....$ 75**

**4) Pesticides/Herbicides…………………………………………………………………………....$ 100**

**5) Volatile Organic Compound (VOC’s)……………………………..………………………..$ 100**

**6) Health Department Water Sample Collection Request……..........................................$ 50**

**Note: Upon request, other sample categories may be available from the North Carolina State Lab. However, fees for additional water testing categories shall be assessed at the current Clay County Health Department rate for the cost of product, shipping and handling from the North Carolina State Lab.**



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**Food, Lodging, & Institution Program**

1. **Plan Review for any New Establishment with seats……………….............................$ 250**
2. **Plan Review for Renovation/Addition of Existing Establishment………………..….$ 125**
3. **Food stand Plan Review……………………………………………………………………......$ 125**

1. **Mobile Food Unit Plan Review………………………………………………………....….....$ 100**

**5) Temporary Food Service Establishment Permit………………..…….......................…...$ 75**

**Public Swimming Pool and Tattoo Program**

1. **Tattoo Establishment Permit Fee.…………………………...……………………..……......$ 700**
2. **Annual Fee per Tattoo Artist.…………………………...…………….………………….......$ 500**
3. **Plan Review for Tattoo Establishment………….…………………….…............................$ 125**
4. **Public Swimming Pool Seasonal Operation Permit………………………………..........$ 200**
5. **Public Swimming Pool reinspection………….………………………………………….….$ 50**
6. **Public Swimming Pool Plan Review…………………….……………………….……...…..$ 250**

* **All Fees are to be paid prior to the rendering of any services.**
* **No application shall be accepted until the application is complete, payment submitted, and all**

**other local and state requirements are met.**

* **Any request for refunds on fees shall follow the Clay County Health Department Billing Guide for Environmental Health.**

**(Amended Effective 1/1/2024)**