



Request for Evaluation of a Residential Care Facility

Completion of Evaluation meets 10A NCAC 13F .0204 (4): “an approved sanitation report or a copy of the permit to begin operation from the sanitation division of the county health department to be submitted upon completion of construction or renovation”

SECTION A: Facility Information

Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
License Number \_\_\_\_\_ (if applicable)  
Number of Residents Served: \_\_\_\_\_  
Total Number of People Living in Facility (including staff, family members, etc): \_\_\_\_\_

Contact Person Information:

Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

What dates/times someone will be onsite at the facility?

Type of License:

- Adult Care Home,  Family Care Home,  Mental Health,  Maternity Home,  
 Other \_\_\_\_\_

This request is for a:

- New facility  Facility re-licensing (eg. previous permit has expired)

Sewage Disposal:  Municipal  Septic system\*\*

**\*\*Note: If facility is on a septic system, septic permit must be provided with application to demonstrate occupancy limits**

Water Supply:  Municipal  Private well\*\*

**\*\*Note: If facility is on a private well, application for two water samples must be submitted. After two consecutive clear water samples, facility may be evaluated. Also be aware that wells may be required to be updated to meet 15A NCAC 18A .1700- Protection of Water Supplies**



SECTION B: Agency Information

Supervising Agency (if applicable): \_\_\_\_\_

Supervising Agency contact number: (\_\_\_\_) \_\_\_\_\_

Owner of Facility: \_\_\_\_\_

SECTION C: Signatures

In order to make the best use of your time and assist the staff in completing applications quickly we ask that the items provided below be completed prior to submitting application. We appreciate your cooperation.

1. \_\_\_\_ I have completed the "Request for Evaluation for Residential Care Facility".
2. \_\_\_\_ I have provided a septic permit with the application (*mark N/A if on municipal sewer*)
3. \_\_\_\_ I have applied for two bacterial water samples (*mark N/A if on municipal water supply*)
4. \_\_\_\_ I understand two consecutive negative bacterial water sample results are required prior to inspection. (*mark N/A if on municipal water supply*)
5. \_\_\_\_ I have confirmed facility's well meets .1700 rules (*mark N/A if on municipal water supply*)

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant (PRINT): \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

*\*\*Once this Department receives this application, an inspector will call and schedule water sample collection and/or inspection. Mail or FAX the completed application to:*

*McDowell County Environmental Health, [mcdowellenv@foothillshd.org](mailto:mcdowellenv@foothillshd.org), Fax: 828-652-2019. Call 828-652-2921 with any questions.*

*Rutherford County Environmental Health, [rutherfordenv@foothillshd.org](mailto:rutherfordenv@foothillshd.org) Fax: 828-287-6479. Call 828-287-6314 with any questions.*