

EXISTING SYSTEM INSPECTION APPLICATION

ENVIRONMENTAL HEALTH SERVICES

30 Valley Street

Asheville, NC 28801

(828) 250-5016 --- Fax: (828) 250-6161

Date: _____ Parcel ID Number (PIN): _____

Applicant Name: _____ Phone:(h) _____ (w) _____ (c) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name(s) of Original Permittee: _____ Date System Originally Installed: _____

Subdivision/Mobile Home Park(if applicable): _____ Section: _____ Lot No: _____

Directions To Property: _____

Inspection is requested for:

Mobile Home Setup Addition Storage Building/Garage Other

Comments: _____

Current no. of Bedrooms: _____ No. of bedrooms upon connection/completion: _____

Water Supply: Individual Well Shared Well Municipal Spring

I agree the information provided above is correct and accurate. I understand that false or incorrect information could result in revocation of any approval granted for the intended project.

Owner/Agent Signature: _____ Date: _____

Existing System Permit \$65.00

EH Specialist: _____ Phone: _____ (office hours 8:00 – 9:30 am)

THIS REPORT IS VALID FOR 6 MONTHS FROM THE DATE OF ISSUANCE

Note: It is the applicant's responsibility to comply with all setback distances and other requirements concerning the septic system for the approved project.

The Buncombe County Health Center does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.