

REPAIR 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) _____ (c) _____

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

Property Address: _____ Lot Size: _____

Name of Original Permittee: _____ Date Originally Installed: _____

Subdivision/Mobile Home Park: _____ Lot No: _____

Directions to Property: _____

Reason For Repair: Surface Discharge _____ Backing up into Home _____

Other _____

Repair For: Residential _____ Current number of bedrooms: _____ Commercial _____

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: _____

Repair Permit: \$95.00

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

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