EXISTING SYSTEM INSPECTION APPLICATION

ENVIRONMENTAL HEALTH SERVICES
30 Valley Street
Asheville, NC  28801
(828) 250-5016 --- Fax: (828) 250-6161
OSWWrequest@buncombecounty.org

APPLICANT INFORMATION

Applicant  Address  Phone

Owner  Address  Phone

Email Address:

PROPERTY INFORMATION

Parcel Identification Number (PIN): ___________ Street/Site Address: ________________________________

Directions to Site: __________________________________________________________

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

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

Inspection is requested for:

_____Mobile Home Setup  _____Addition  _____Storage Building/Garage  _____Other

Comments: _____________________________________________________________

Current no. of Bedrooms: ________ No. of bedrooms upon connection/completion: ________ Maximum # of occupants: ________

Water Supply: _______Individual Well  _______Shared Well  _______Municipal  _______Spring

I have read this application and certify that the information provided herein is true, complete, and correct. I understand that false or incorrect information could result in revocation of any approval granted for the intended project. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Owner/Agent Signature: ____________________________________________ Date: __________________________

Existing System Permit   $100.00

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 and well, if applicable, 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. ExtSysInspApp.doc Revised 06/23