

# EXISTING SYSTEM INSPECTION APPLICATION

## ENVIRONMENTAL HEALTH SERVICES

30 Valley Street

Asheville, NC 28801

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

OSWWrequest@buncombecounty.org

Date: \_\_\_\_\_ Parcel ID Number (PIN): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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: \_\_\_\_\_

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### 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

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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: \_\_\_\_\_

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**Existing System Permit    \$75.00**

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

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**\*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.**