

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: _____

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.