

Buncombe County Environmental Health

30 Valley St, Asheville, NC 28801

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

OSWWrequest@buncombecounty.org

EXISTING SYSTEM APPROVAL APPLICATION

Applicant: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Email: _____

Owner: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Email: _____

Requesting:

☐ Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility.

☐ Reconnection when the proposed facility is not in same footprint as existing/previous facility.

☐ Site modification (e.g., storage building, swimming pool, etc.)

☐ Expansion to footprint of existing facility (e.g., deck, family room, etc.)

☐ Other Describe: _____

Water Supply: _____ Private Well _____ Shared Well _____ Public Well _____ Municipal Supply _____ Spring _____ Other

Existing Facility Type: ☐ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Proposed Facility Type: ☐ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Residences:

Proposed # of bedrooms: _____ Proposed # of Occupants: _____ Other: _____

Businesses (please discuss with local health department prior to completing):

of seats: _____ # of Employees: _____ Other: _____

Are you requesting any changes to wastewater design flow or wastewater strength? ☐ Yes ☐ No

Year wastewater system was installed, if known: _____

Name(s) that original permit could have been issued to, if known: _____

PIN/Lot Identifier: _____ Property Acreage: _____

Property Address: _____ Directions to Site: _____

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

☐ Yes ☐ No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISTING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Property owner's signature (required)

Date

Applicant's signature (required)

Date

***Must provide documentation to support claim as owner's legal representative.**

Existing System Permit \$100.00

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

EXISTING SYSTEM APPROVALS ARE VALID FOR 6 MONTHS FROM THE DATE OF ISSUANCE

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

01/24

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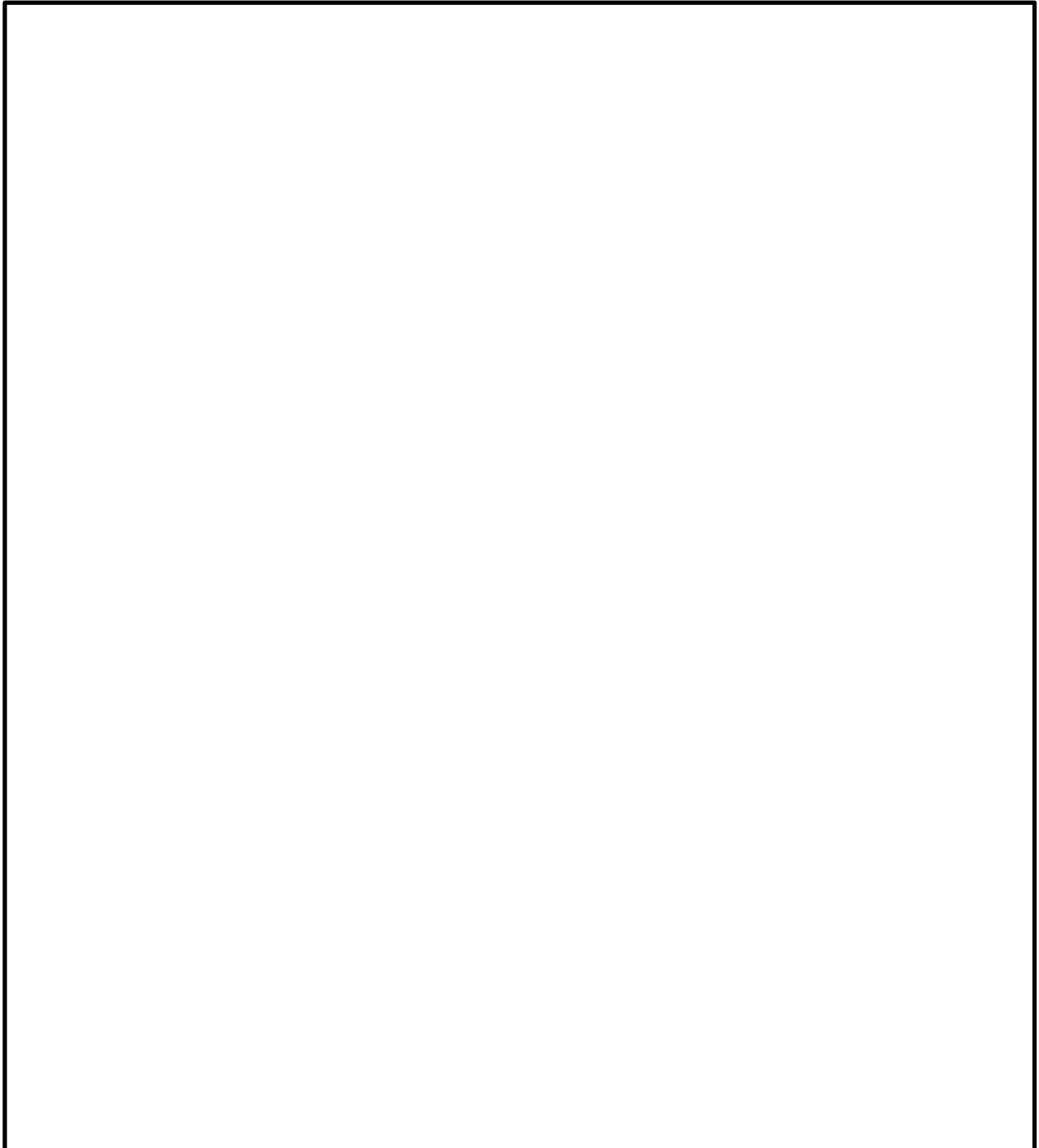
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EXISTING SYSTEM APPROVAL SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities.
- existing wastewater systems and repair areas.
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.

A large, empty rectangular box with a black border, intended for the site plan drawing.