



EXISTING SYSTEM INSPECTION APPLICATION
ENVIRONMENTAL HEALTH SERVICES

County PIN: Application #: Fee: Receipt #:

Property Owner Name:

Owner Mailing Address: City: State: Zip:

Phone: Email Address:

Property Address: City: State: Zip:

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

Subdivision/Mobile Home Park (if applicable): Lot No: Gate Code

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:

Water Supply: Individual Well Shared Well Municipal Spring Community

INSPECTION REPORT

The septic system as indicated above has been inspected and is:

- Approved for the following Denied - Reconnection, Addition, or Expansion

Please do not place building, shed, mobile home, or any other structure on property until an existing system permit is issued.

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.

Owner/Agent Signature: Date:

EH Specialist: Date:

\*THIS REPORT IS VALID FOR 1 YEAR 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.

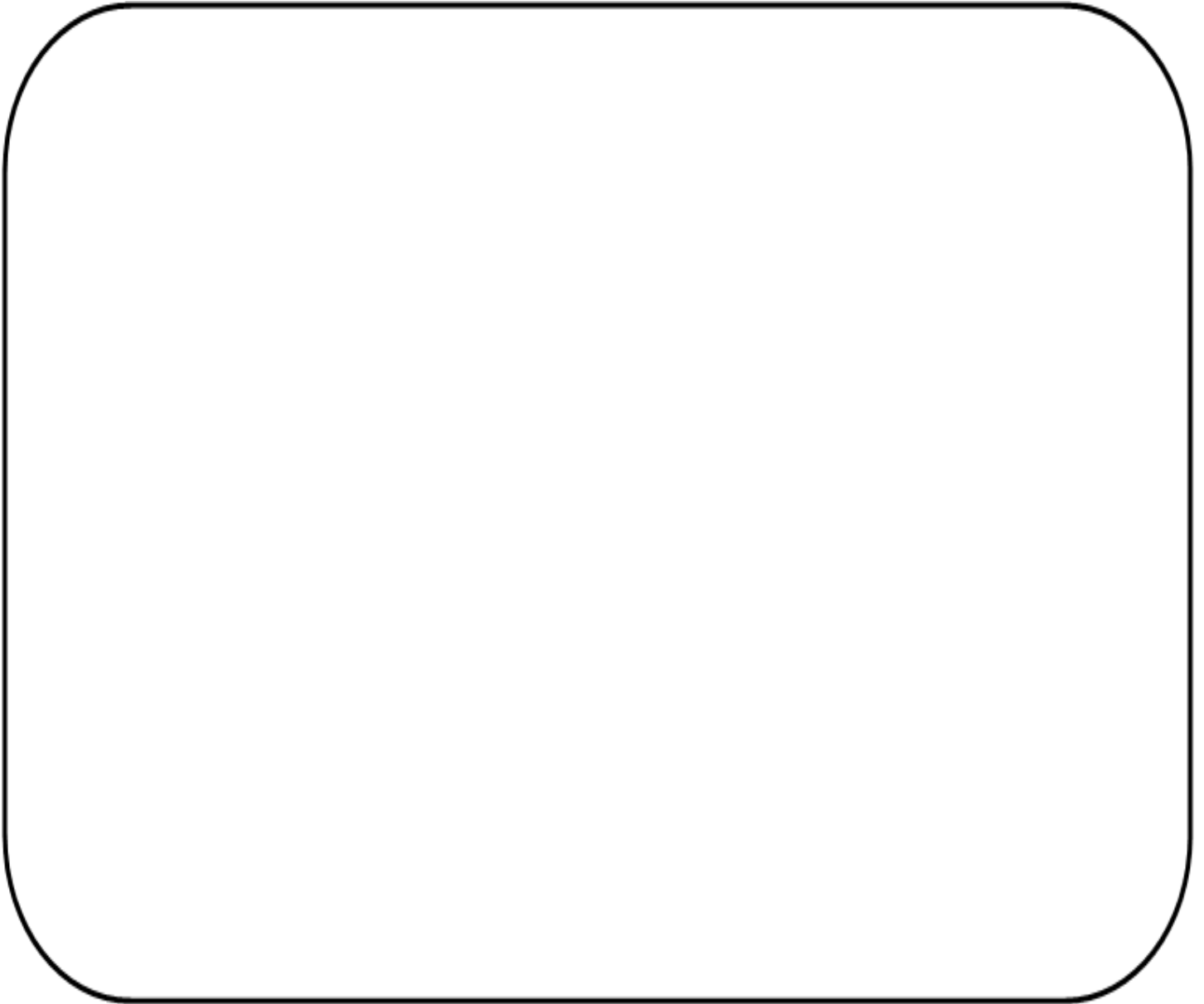
Rutherford County Health Dept.
221 Callahan Koon Road
Spindale, NC 28160
(828) 287-6317

McDowell County Health Dept.
408 Spaulding Road
Marion, NC 28752
(828) 652-2921

Email: rutherfordenv@foothillshd.org

Email: mcdowellenv@foothillshd.org

Please draw the property to the best of your ability and knowledge on this sheet. Be sure to show houses, buildings, mobile homes, proposed buildings or mobile homes, water supplies, streams, roads, drives, property lines, existing septic tank locations, utility locations and any other pertinent structures or features.



I understand that it is my responsibility as the applicant to prove the location and size of the existing septic system. I further understand that destruction of the system by me or my designees is in no way the fault of the Environmental Health Department of the Foothills Health District.

**Owner/Legal**

**Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature**