

**EXISTING SEPTIC TANK SYSTEM INSPECTION**

The purpose of this inspection is to determine if the existing sewage disposal system on your property is of sufficient size, in proper working order and located so as to accommodate a new dwelling/structure or a change of use.

For this determination to be made, you will need to supply the necessary information on the attached form. It is most important that you supply the name of the person/party who had the system originally installed.

The property lines, new dwelling/structure, well, and septic tank must be marked on the property. Color-coded ribbons are provided for this marking.

- Pink "Property Line" Ribbon ..... Property Corners
- Blue/White Stripe Ribbon ..... New Dwelling/Structure Corners **if the house is there and not changing you do not have to mark it.**
- Blue Ribbon ..... Well
- Pink Ribbon ..... Septic Tank

Also be sure that the House Number is visible from the road so there will be no problem locating the property.

# REQUEST FOR AUTHORIZATION TO USE AN EXISTING SEPTIC TANK SYSTEM IN A MOBILE HOME PARK

STOKES FAMILY HEALTH CENTER | ENVIRONMENTAL HEALTH SECTION  
 PO BOX 187 1012 HWY 8 & 89  
 DANBURY NC 27016  
 PHONE 336-593-2403 FAX 336-593 4021

Owner \_\_\_\_\_ Occupant \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address  
 Owner / Occupant \_\_\_\_\_

Phone #(H) \_\_\_\_\_ (W) \_\_\_\_\_ Type of Water Supply (Please circle one) Public Well Spring

Proposed Use: (Please circle one) Double Wide Mobile Home Single Wide Mobile Home Addition How Many Bedrooms \_\_\_\_\_ How Many People \_\_\_\_\_

Name of Mobile Home Park \_\_\_\_\_ Lot # \_\_\_\_\_ Tax Map # \_\_\_\_\_ Pin # \_\_\_\_\_

Description or present dwelling (Color, Type, Etc.) \_\_\_\_\_

Directions to property, including state road names, Distances, Landmarks, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EHS OFFICE USE ONLY**  
 The above described mobile home park **DOES NOT** have visible signs of a malfunctioning septic tank system. The addition of this mobile home is **AUTHORIZED**.  
 \_\_\_\_\_  
 The above described mobile home park **DOES** have visible signs of a malfunctioning septic tank system. The addition of this mobile home is **NOT AUTHORIZED**.  
 \_\_\_\_\_

**THIS PERMIT EXPIRES 120 DAYS FROM THE DATE OF ISSUANCE**  
 MAKE CHECKS OR MONEY ORDER PAYABLE TO:

Stokes Family Health Center Fee: \$125.00  
 Receipt # \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**CORRECTIONS NEEDED**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EHS \_\_\_\_\_ DATE \_\_\_\_\_