

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.

APPLICATION FOR REPAIR OF EXISTING SEPTIC SYSTEM
STOKES FAMILY HEALTH CENTER
ENVIRONMENTAL HEALTH SECTION
PO BOX 187 1012 HWY 8 & 89 DANBURY NC 27016
PHONE # 593-2403, 593-2811, 983-0421, 368-5369, 994-2418, 983-0734, 427-2374
FAX# 593-4021

OWNER OF PROPERTY	DIRECTIONS TO PROPERTY, INCLUDING ROAD NAMES, DISTANCES, LANDMARKS, & ETC.	# ADULTS IN HOUSE	# CHILDRENS IN HOUSE
		DISHWASHER YES NO	WATER TREATMENT
		WASHING MACHINE PLEASE CIRCLE ONE: YES NO	LEAKING PLUMBING PLEASE CIRCLE ONE: YES NO
OCCUPANT		GARBAGE DISPOSAL PLEASE CIRCLE ONE: YES NO	IF PUBLIC H2O GALLONS PER MINUTES
		HOTTUB/WHIRLPOOL YES NO	
MAILING ADDRESS OWNER/OCCUPANT		LAST PUMPED?	
		OTHER INFORMATION	
PHONE #			
PHONE # WORK/CELL			
WATER SUPPLY PLEASE CIRCLE ONE: WELL PUBLIC SPRING		EHS RECOMMENDATIONS	
HOW MANY BEDROOMS	STREET ADDRESS:		
STRUCTURE TYPE PLEASE CIRCLE ONE: DWMH SWMH HOUSE TYPE OF BUISINESS:	ACRES		
	TAX #		
HOMEOWNER THAT HAD SYSTEM INSTALLED AND YEAR INSTALLED	PARCEL #	EHS	
	WHAT IS THE PROBLEM AND FOR HOW LONG?		
DESCRIPTION OF PRESENT DWELLING		DATE	

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