

EXISTING SYSTEM INSPECTION APPLICATION
Edgecombe County Health Department
P. O. Box 100
Tarboro, NC 27886
Phone (252) 641-7573

Date: _____ Parcel ID Number (PIN): _____

Applicant Name: _____ Phone: (h) _____ (w) _____ (c) _____

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: _____

Number of Occupants: _____

Current no. of bedrooms: _____ No. of bedrooms upon connection/completion: _____

Water Supply: _____ Individual Well _____ Shared Well _____ Municipal _____ Spring

I agree the information provided above is correct and accurate. I understand that false or incorrect information could result in revocation of any approval granted for the intended project.

Owner/Agent Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Existing System Permit \$75.00 EH Specialist: _____

PAYMENT METHOD: Cash Check #: _____ Money Order _____

*** 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 for the approved project.