

EDGECOMBE COUNTY HEALTH DEPARTMENT
PO Box 100
TARBORO, NC 27886
PHONE (252)641-7573 fax (252)823-2077

APPLICATION FOR A RESIDENTIAL CARE FACILITY

Applicant Name _____ Phone Number: _____

Facility will be licensed thru:

_____ Department of Social Services (Water & Septic Inspection only)
_____ Other (Full Sanitation Inspection Required)

Date inspection needs to be completed by: _____

Directions _____

Type of Water Supply: City _____
Community Well _____
Private:
Drilled well _____
Bored well _____

Sewage Disposal: City _____ On-site _____

If septic is on-site, NAME of ORIGINAL OWMNER AND DATE of INSTALLATION

Original Owner: _____ Date: _____

Signature of applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Application received: (date) _____ (initials) _____ Type of Water Supply: _____

Date Assigned: _____ Assigned to EHS: _____

Copy of application rules mailed _____ or given _____ date _____

Comments: _____
