

Permit #

DUPLIN COUNTY ENVIRONMENTAL HEALTH

 P.O. BOX 948 KENANSVILLE NC 28349

**EXISTING SEPTIC TANK INSPECTION**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAND OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBDIVISION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT#\_\_\_\_\_\_\_ LOT SIZE \_\_\_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENTAL: NUMBER OF BEDROOMS 2 □ 3 □ 4 □ 5 □ ADDING BEDROOM □

NON-RESDENTIAL: SQ FT \_\_\_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_ BUILDING USE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\*TANK LOCATION MUST BE MARKED\*\*\*\****

***HOUSE LOCATION MUST BE MARKED IF HOUSE IS GOING TO BE PLACED AT DIFFERENT LOCATION THAN PREVIOUS HOUSE***

WATER SUPPLY: PUBLIC □ PRIVATE □

NAME OF ORIGINAL SEPTIC TANK OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_\_\_\_\_\_

\*Indicate driveway, carports, existing wells, set back. I am the owner or authorized agent for the above-listed address. I have fully read this application and it is true and accurate. I hereby authorize Duplin County and State employees/officials the right to enter the address above written in order to conduct the inspections or that I have now or may in the future have as it relates to the inspection/investigation authorized herein. I also acknowledge that I am solely responsible for ensuring that all property lines have been properly located and marked. If the information in the application for an improvements permit is falsified, changed, or the site is altered then the improvements permit & authorization to construct shall become invalid.

***FOR OFFICE USE ONLY***

**Septic Tank Approved Yes** [ ]  **No**[ ]

**IF NOT APPROVED:**

* **UNCOVER SEPTIC TANK AND D-BOX**
* **TANK MUST BE PUMPED**
* **TANK LDS MUST BE REPLACED**
* **SYSTEM APPROVED FOR ( \_\_\_) BEDROOM ONLY**
* **SEPTIC SYSTEM MALFUNCTIONING**
* **REPAIR PERMIT WILL BE ISSUED**
* **ANY STRUCTURE MUST BE LOCATED A MINIMUM OF 5 FEET FROM ANY PART OF SEPTIC SYSTEM**
* **DO NOT DRIVE OR PARK OVER ANY PART OF SEPTIC SYSTEM.**
* **EXPANSION PERMIT WILL BE ISSUED. $50 FEE REQUIRED TO PICK UP PERMIT.**
* **CALL OFFICE (910) 296-2126 8:00 – 9:30 PM MON-FRI**

OWNER/AGENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT PAID $60.00

CASH □ CHECK □ CREDIT CARD □ OTHER □

RECEIVED BY \_\_\_\_\_\_\_\_\_\_\_

SPECIALIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE: \_\_\_\_\_\_\_\_\_\_\_