



Permit #

DUPLIN COUNTY ENVIRONMENTAL HEALTH
P.O. BOX 948 KENANSVILLE NC 28349

EXISTING SEPTIC TANK INSPECTION

NAME
ADDRESS
PHONE
EMAIL

LAND OWNER
ADDRESS

SUBDIVISION LOT# LOT SIZE

ADDRESS OF PROPERTY

DIRECTIONS

RESIDENTIAL: NUMBER OF BEDROOMS 2 3 4 5 ADDING BEDROOM

NON-RESIDENTIAL: SQ FT NO. OF EMPLOYEES BUILDING USE

WATER SUPPLY: PUBLIC PRIVATE

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

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: