

HOKE COUNTY HEALTH CENTER
Raeford, North Carolina

Paid by _____
Date _____ Rec'd by _____
\$ _____

APPLICATION FOR EXISTING ON SITE SEWAGE DISPOSAL SYSTEM INSPECTION

If the information in the application for an existing sewage disposal system inspection is found to be incorrect, falsified or changed then the inspection permit shall become invalid.

APPLICANT INFORMATION

Applicant: _____

Address: _____

Home and Work Phone: _____

Owner: _____

Address: _____

Home and Work Phone: _____

PROPERTY INFORMATION

Street Address: _____

No. of Bedrooms: _____ No. of people living in Home: _____ Size of Property: _____

Dwelling: House _____ Mobile Home _____ Business _____

Other: _____

DIRECTIONS TO SITE:

The top of the existing septic tank must be uncovered at the outlet and of the tank. The lid must be loosened so a visual inspection can be made. This requirement will be waived for **Mobile Home Parks Only**.

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question: (1) If the site is located in any designated wetlands. (2) If any wastewater is going to be generated on the site other than domestic sewage. (3) If the site is subject to approval by any other public agency.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. I understand that I am solely responsible for the proper identification of the property and if required mark the proposed structure and making the site accessible so that an inspection can be performed.

I certify that I have checked with the Zoning Department.

Property owner's or owner's legal representative signature (required)

Date