



**EDGECOMBE COUNTY HEALTH DEPARTMENT**

a division of the  
Edgecombe County Human Services Agency  
Po Box 100  
122 E. St. James Street  
Tarboro, NC 27886  
252-641-7511



**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: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

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.**