



Pamlico County Health Department

203 North Street

PO Box 306

Bayboro, NC 28515

Tel: (252) 745-5111 Fax: (252) 745-7684

County Health Director: Scott D. Lenhart



Application for an Existing System

Other Federal, State, and/or local agencies may have laws, rules and /or ordinances that affect the use of your property. You must comply with those laws, rules, and ordinances before building, locating or relocating a structure onto your property.

Map ID: _____

Application Date: _____

Fee: _____

Receipt #: _____

Applicant

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/state/zip: _____

Email: _____

Owner

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/state/zip: _____

Email: _____

Emergency 911 address of property to be evaluated: _____

Provide specific directions to the property to be evaluated:

• **New structure will be a: (Check one below)**

- Garage
- Work Shop
- Shed
- Other Explain _____

The foundation addition will be a: (Check one below)

- Den Enlarging a bedroom
- Deck Garage
- Living room Other Explain _____

Replacing a Home or Business

The new structure will be a: (Check one below)

- Single family home that will have _____ bedrooms and _____ people living in the home
- Mobile Home: Double Wide _____ Single Wide _____ or Triple wide _____ that will have _____ bedrooms and _____ people living in the home
- A business: (Describe the business) _____

The most current structure connected to the septic system is (or was) a:

Mobile Home: Double Wide _____ Single Wide _____ or Triple wide _____ with _____ number of bedrooms

House with _____ number of bedrooms

Business (Describe the business): _____

For business, how many employees _____ or customers (ex. children in a Day Care)

_____ or seats (Church or Restaurant) _____

If a map is not provided, please draw a sketch of the property showing the location of the home, business, driveway, septic tank, drain lines, repair area, well(s), water line(s), detached structure(s), water bodies, easements and rights-of-way.

Applications will be returned to the applicant if found to be incomplete, sites are not accessible for evaluation, small portion of the tank is not uncovered, and/or the property is not properly identified.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete evaluation can be performed.

If not the property owner submitting the application, this existing system application must be accompanied by an owner's legal representative letter.

Signature of property owner or owner's legal representative (required) Date

Print name _____

Signature of Pamlico Co. Health Dept. Employee (Witness)