

CHEROKEE COUNTY ENVIRONMENTAL HEALTH
ON-SITE SEWAGE MANAGEMENT SYSTEM

EXISTING SYSTEM
APPLICATION

Property Owner's Name: _____
Subdivision Name: _____ Lot Number: _____
Property Address: _____
Zip Code: _____
Daytime Phone: (____) _____ Cell (____) _____

Lot Size/Acreage: _____
Any Loose Dogs, Gates or Fence on Property? _____
If yes, please make sure all dogs are secured in fence or on leash; gates are unlocked prior to inspection.

Detailed Directions to property including mailbox numbers and distances.
*There will be an Extra Trip Charge if the inspector is unable to find the site based on these directions.
You may use the back of this page to continue directions, if needed.*

House Information:
Number of Bedrooms: _____
Water Source (circle one) Well or Public Water
Bonus Room (circle one) Yes No
Garbage Disposal (circle one) Yes No

When was tank pumped last? _____
Have any repairs been attempted since system installation? _____
If yes, what and when? _____

Issuance of this visual inspection letter for an on-site sewage management system by Representatives of the County Board of Health shall not be construed as a guarantee that such system will function satisfactorily for a given period of time; furthermore, said representatives do not, by an action taken, assume any liability for damages that are caused, or may be caused, by the malfunction of such system.

Applicants
Signature: _____ Date: _____

Environmental Health
Dept. Approval: _____ Date: _____

Received By: _____ Date: _____