

CHEROKEE COUNTY ENVIRONMENTAL HEALTH  
On-Site Sewage Management System

\_\_\_\_ Tank marked  
\_\_\_\_ Field Lines (if requested)  
\_\_\_\_ Level 3 Soil (if requested)  
\_\_\_\_ 4 corners exposed (if req.)  
Official Use Only

**Modification to Septic System Application**

**Note: Complete entire application. Incomplete applications will delay permit.**

Property Owner's Name: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Contractor: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Email: \_\_\_\_\_

- 1. Provide detailed directions to property including mailbox numbers, distances, and gate codes.** Note: 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Are there any loose dogs, gates, or fences on property?**

\_\_\_\_\_

**3. House Information:**

- Lot Size in Acres: \_\_\_\_\_
- Number of Bedrooms: \_\_\_\_\_
- Water Source: WELL or PUBLIC WATER (select one)
- Garbage Disposal: YES or NO (select one)
- Septic Tank Must be Located & All 4 Corners Identified

**4. Septic Information:**

- When was tank last pumped? \_\_\_\_\_

**5. Purpose of System Modification:**

- Relocate field lines for: \_\_\_\_\_
- Adding \_\_\_\_\_ Bedrooms
- Other: \_\_\_\_\_

511-3-1-.03(3(b) Issuance of a construction permit for an On-Site Sewage Management System, and subsequent approval of same 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: \_\_\_\_\_

All applications expire 1 year from the date of payment and submittal.