

CHEROKEE COUNTY ENVIRONMENTAL HEALTH
On-Site Sewage Management System

REPAIR – ADDITION – SWIMMING POOL
APPLICATION

Property Owner's Name: _____
Subdivision Name: _____ Lot Number: _____
Property Address: _____
Zip Code: _____

Daytime Phone: (____) _____ Cell (____) _____
Any Loose Dogs, Gates or Fence on Property? _____ Lot Size: _____

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.

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.

House Information for Repair or Addition: (Circle One)

Water Source: Well or Public Water Water Usage: _____ Bonus Room: Yes or No
Existing # of Bedrooms: _____ Garbage Disposal: Yes or No

*****Repair Only*****

When was tank pumped last? _____
Description of Failure: _____

*****Addition Only*****

Proposed Renovations: Structure Size and Dimensions: _____
Type of Structure: (Check One) Porch ___ Deck ___ Shed ___ Garage (Attached/Detached) ___
Bedrooms ___ (# of Additional Bedrooms ___)

*****Swimming Pool***** Size and Shape of Pool _____

Property lines must be marked and all additions/pools must be staked out/flagged prior to time of inspection.

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: _____

Environmental Health

Dept. Approval: _____ Date: _____

Received By: _____ Date: _____