

CHEROKEE COUNTY ENVIRONMENTAL HEALTH
ON-SITE SEWAGE MANAGEMENT SYSTEM
COMMERCIAL EXISTING SYSTEM APPLICATION

Property Owner's Name: _____ PHONE: _____

Property Address: _____ Zip Code: _____

Lot Size: _____

New Suite Name and

Owner: _____ PHONE: _____

Detailed Directions to property including mailbox numbers, distances, and Gate Codes.

*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.*

Purpose for Evaluation:

Building Information:

- Number of Suites: _____

- Business type(s): _____

- Number of employees per suite _____

Water Source (circle one) WELL or PUBLIC WATER or BOTH

*****SEPTIC TANK MUST BE LOCATED & ALL FOUR CORNERS IDENTIFIED*****

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.

Applicant's

Signature: _____ Date: _____

Environmental Health

Dept. Approval: _____ Date: _____

Received By: _____ Date: _____