

CHEROKEE COUNTY ENVIRONMENTAL HEALTH
ON-SITE SEWAGE MANAGEMENT SYSTEM

___ Tank Identified

Official use only

Existing 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: _____
- When was tank pumped last? _____ Water Usage: _____ gal
- 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. **Purpose for Evaluation:** _____

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: _____

Environmental Health

Dept. Inspector: _____ Date: _____

Received By: _____ Date: _____

All applications expire 12 months from payment and submittal.