



CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
 DIVISION OF ENVIRONMENTAL HEALTH
 80 EAST ST, P.O. BOX 130 • PITTSBORO, NC 27312
 PHONE 919-542-8208 • FAX 919-542-2473
www.chathamcountync.gov/environmentalhealth

OFFICE USE ONLY	
Record #:	EH- _____ - _____
Initials:	_____
Date Rec'd:	_____
Amt. Rec'd:	_____
REHS:	_____
Appt Date:	_____
Time:	_____

EXISTING SYSTEM APPROVAL APPLICATION

Owner: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

Applicant: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

Requesting:

- Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility
- Reconnection when the proposed facility is not in same footprint as existing/previous facility
- Site modification (e.g., storage building, swimming pool, etc.)
- Expansion to footprint of existing facility (e.g., deck, family room, etc.)
- Change of Use
- Flow Reduction
- Subdivision of Property

*Proposed Addition to the property (including dimensions): _____

*List all new plumbing fixtures to be installed as part of the project: _____

Existing Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Proposed Facility Type: House/Modular Mobile/Manufactured Hom Business Other: _____

Residences: Existing # of Bedrooms: _____ Proposed # of bedrooms _____ Proposed # of Occupants _____ Other: _____

Commercial: (please discuss with local health department prior to completing):

of seats: _____ # of Employees: _____ Other: _____

Parcel Number: _____ Existing Acres: _____ Proposed Acres: _____ Subdivision: _____ Lot# _____

Property Address: _____

Type of Water Supply: _____ Private Well _____ Public Well _____ Shared Well _____ Municipal/County Water

Is your septic system functioning properly at this time? Yes No

Please Note: Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, all appurtenances and proposed new property lines if applicable is required with your application submittal.

IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines, corners, underground utilities, and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

 Owner or *Legal Representative Signature

 Date

 Applicant Signature

 Date

 Print Owner or *Legal Rep. Name

 Print Applicant's Name

**Must provide documentation to support claim as owner's legal representative.*