



DUPLIN COUNTY HEALTH ENVIRONMENTAL HEALTH
P.O. BOX 948 KENANSVILLE, NC 28349

PERMIT # _____

APPLICATION FOR REPAIR PERMIT

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

LAND OWNER _____
ADDRESS _____

SUBDIVISION _____ LOT# _____ LOT SIZE _____

ADDRESS OF PROPERTY _____

DIRECTIONS _____

RESIDENTIAL: NUMBER OF BEDROOMS 2 3 4 5 ADDING BEDROOM

NON-RESIDENTIAL: SQ FT _____ NO. OF EMPLOYEES _____ BUILDING USE _____

WATER SUPPLY: PUBLIC PRIVATE

<p><i>How old is the septic tank? _____ yrs</i></p> <p><i>Who is the first owner? _____</i></p> <p><i>When was tank pumped last _____</i></p> <p><i>Wash clothes more than once daily? yes <input type="checkbox"/> no <input type="checkbox"/></i></p> <p><i>Does tank fail all the time? yes <input type="checkbox"/> no <input type="checkbox"/></i></p>	<p><i>Does sewage back up in house? yes <input type="checkbox"/> no <input type="checkbox"/></i></p> <p><i>Does sewage puddle at tank or yard? yes <input type="checkbox"/> no <input type="checkbox"/></i></p>
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****MUST MARK TANK LOCATION**

*Indicate driveway, carports, existing wells, set back. I am the owner or authorized agent for the above-listed address. I have fully read this application and it is true and accurate. I hereby authorize Duplin County and State employees/officials the right to enter the address above written in order to conduct the inspections or that I have now or may in the future have as it relates to the inspection/investigation authorized herein. I also acknowledge that I am solely responsible for ensuring that all property lines have been properly located and marked. If the information in the application for an improvements permit is falsified, changed, or the site is altered then the improvements permit & authorization to construct shall become invalid.

OWNER/AGENT SIGNATURE _____

TOTAL AMOUNT PAID \$50.00 CASH CHECK CREDIT CARD OTHER

RECEIVED BY _____