



**PITT COUNTY
ENVIRONMENTAL HEALTH**
1717 W. 5th Street
Greenville, NC 27834-1696
Office (252) 902-3200
Fax (252) 902-3208

APPLICATION FOR EXISTING SYSTEM RELEASE

Appointment Requested:
Date Site Ready:
Fees Paid:

Application Date: _____ **Project Number:** _____ **Application Number:** _____
Applicant: _____ **Owner:** _____

Site Address: _____ **Tax Parcel #(s):** _____
Subdivision Name: _____ **Lot #:** _____ **Block/Phase:** _____

Directions to Site:

Water Supply:

Are there any existing wells or springs on this property?

Type Use:

If Residential _____ **Proposed # of Bedrooms:** _____ **Existing # of Bedrooms:** _____
If Commercial _____ **# of Children:** _____ **# of Employees:** _____ **# of Seats:** _____

Release Conditions:

It is the responsibility of the owner to maintain a 5' minimum setback between the wastewater system and any part of the structure foundation, including porches, decks, and any other appurtenances. If you are unsure as to the exact location of the septic system, please have a licensed installer or inspector locate the septic system for you. The local county health department in no way implies that the proposed construction meets the required setbacks from the septic system unless otherwise noted. This release only shows that this property has an approved wastewater system that appears to have met the permitting requirements at the time it was installed.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted 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 and corners and making the site accessible so that a complete site evaluation can be performed. If the information in the application for an Existing System Release is falsified, changed, or the site is altered, then the Existing System Release shall become invalid.

Applicant/Legal Representative Signature

Date

Application Valid for Six (6) Months

***** DRAWING ATTACHED *****