



106 E Morgan St Ste 105 Brevard, NC 28712  
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# EXISTING SYSTEM INSPECTION REPORT

(For Building Inspection Department)

Date: \_\_\_\_\_ PIN: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Other Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date System Installed (if known): \_\_\_\_\_

Name (s) of Original Permittee(if known): \_\_\_\_\_

Directions to property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Section/Phase: \_\_\_\_\_ Lot: \_\_\_\_\_

Inspection requested for: \_\_\_\_\_ Existing Well on Property

Mobile Home Hookup

Addition

Business

Remodeling

Connection to Unused System

Other

No. of bedrooms upon connection/completion: \_\_\_\_\_ Current No. of Occupants: \_\_\_\_\_

Remarks: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I understand that Transylvania Public Health has the right of entry onto the property to perform requested services.***

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

REHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS REPORT IS VALID THROUGH** \_\_\_\_\_

*"Do not write in this box for inspector use"*