

Existing System Approval Checklist

Name of Applicant _____

Site Address or REID # _____

Please initial each step below *after* each step has been complete. By initialing you are confirming that each step has been completed.

****NOT HAVING THE ITEMS BELOW COMPLETE WHEN THE INSPECTOR ARRIVES WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT****

Mark Septic tank

Mark addition site

Hang placard at the location

WHEN ITEMS ABOVE ARE COMPLETE PLEASE SUBMIT USING ONE OF THE FOLLOWING OPTIONS:

- Upload to [online portal](#)
- Call office at: (828) 694-6060
- EMAIL FORM TO: HCDPH_EnvHealth@hendersoncountync.gov
- Fax to (828) 697-4523

Thank you!

Date received by ENV Health:

Permit Number: