



106 E Morgan St Ste 105
Brevard, NC 28712
828-884-3139
www.transylvaniahealth.org

EXISTING SYSTEM INSPECTION REPORT
(For Building Inspection Department)

Date: _____ PIN: _____ Receipt #: _____

Owner: _____ Agent/Contractor: _____

Phone: _____ Phone: _____

Mailing Address: _____

Date System Installed: _____

Name (s) of Original Permittee: _____

Directions to property: _____

Property Address: _____

Subdivision: _____ Section/Phase: _____ Lot: _____

Inspection requested for:

Mobile Home Setup

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.

Signed: _____ Date: _____

THIS REPORT IS VALID THROUGH _____