



**DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

Application for Improvements Permit
RECONNECTION ONLY

Name _____ Phone Number _____

Mailing Address _____ Zip Code _____

Property Location _____

Tax Map Number _____ - _____ - _____

Lot Dimensions/Acreage _____

Year Septic System Installed _____ Original Owner _____

Number of Bedrooms in Existing Mobile Home/House _____

Number of Bedrooms in Proposed Mobile Home/House _____

Existing Water Supply: Private Well _____ Community Well _____

Municipal Water _____ Other _____

Type of Septic System (if known): Conventional _____ Pumped Conventional _____

Low Pressure Pipe _____ *Sandfilter _____ Other _____

Is Municipal Sewer Line Available? _____

**SUBMIT A PLAT OF THE PROPERTY NOTING WHERE EXISTING
RESIDENCE IS LOCATED AND WHERE NEW RESIDENCE IS DESIRED.
LOCATE THE WELL, DRIVEWAY, OUT BUILDINGS, ETC., ON THE PLAT.**

*Sandfilter systems are under the jurisdiction of the N.C. Department of Environment and Natural Resources, Division of Water Quality (919) 571-4700.

- Please note; all above items must be completed BEFORE your application may be processed.

Signature _____

Date _____