



Davie County Health Department
Environmental Health Section

P.O. Box 848
210 Hospital Street
Courier # : 09-40-06
Mocksville, NC 27028



Phone: (336) - 753 - 6780

Fax: (336) 753-1680

ON-SITE WASTEWATER CERTIFICATION FOR DWELLING
(Check One) Replacement Remodeling Reconnection

Name: Phone Number (Home)
Mailing Address: (Work)

Detailed Directions To Site:

Property Address:

Please Fill In The Following Information About The EXISTING Facility:

Name System Installed Under: Type Of Facility:
Date System Installed (Month/Date/Year): Number Of Bedrooms: Number Of People:
Is The Facility Currently Vacant? Yes No If Yes, For How Long?
Any Known Problems? Yes No If Yes, Explain:

Please Fill In The Following Information About The NEW Facility:

Type Of Facility: Number Of Bedrooms: Number of People
Requested By: Date Requested:
(Signature)

For Environmental Health Office Use Only

Approved Disapproved

Comments:

Environmental Health Specialist Date:

*The signing of this form by the Environmental Health Staff is in no way intended, nor should be taken as a guarantee (extended or limited) that the on-site wastewater system will function properly for any given period of time.

Payment: Cash Check Money Order # Amount:\$ Date:

Paid By: Received By:

Account #: Invoice #: