



CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

80 East St./P.O. Box 130 Pittsboro, NC 27312
Telephone: (919) 542-8208 Fax: (919) 542-8288

INNOVATIVE SYSTEM REQUEST

IMPROVEMENT PERMIT # _____

SUBDIVISION NAME & LOT # _____

OWNER'S NAME _____

TAX PARCEL NUMBER _____

I am the owner of the referenced property for which an application has been made for an Authorization for Wastewater System Construction. I hereby request that the Construction Authorization be issued to allow the installation of an innovative system. I am aware of the types of approved conventional and innovative systems, which are applicable for this site. My installer is certified by the system manufacturer and is aware of the installation procedures. I am aware of the limitations of the system regarding the exclusion of traffic, equipment and vehicles from the drainfield area. I request that the following system be installed:

Signature of owner/ legal representative

Date