

**GASTON COUNTY HEALTH DEPARTMENT
APPLICATION FOR
ONSITE WASTEWATER VERIFICATION**

Owner's Name: _____
Telephone Number _____

Mailing Address: _____
Street City/Town Zip Code

Applicant's Name _____
(If Not Property Owner) Telephone Number _____

Mailing Address: _____
Street City/Town Zip Code

PROPERTY ADDRESS: _____

Directions to Property:

State What Type of Addition: (ex. deck, storage building, pool, removing existing home and replacing with new home, etc.) _____

If moving a mobile home onto property - how many bedrooms in prior home? _____
how many bedrooms in new home? _____

Dimensions of Addition: _____

Will Any Plumbing be Located in Addition? ____ Yes ____ No
If so, describe what type. Bathroom or hand sink only. _____

Property Owner's Signature (or legal representative):

Signature **Date:** _____

**PLEASE PROVIDE A SITE DRAWING
ON NEXT PAGE**

**SITE DRAWING FOR
OSWW VERIFICATION PERMIT**