



DURHAM COUNTY ENVIRONMENTAL HEALTH Service Request Form

New School Facility _____ New Management _____

Please note: scheduling may take up to 30 days from the date of request.

Please Complete The Following Information:

Please Print

School Name: _____

School Manager _____ Telephone (____) _____

Email: _____

Physical Address: Street _____

City: _____ Zip: _____

Number of Students: _____ Age of Students: _____

Water Supply: Well* Public Water Supply City

Waste Disposal: Septic System* Municipal sewer

Will there be food preparation on site? YES NO

If yes, a food service plan review application is required.

*Additional application, fees and water sampling required

Include a scale drawing of the layout of the facility.

Business office information (if different from above)

Business office: _____ Phone: (____) _____

Mailing Address: _____

City: _____ Zip: _____

Applicant Name: _____

Applicant Telephone: (____) _____ Cell: (____) _____

Email: _____

Signature of Applicant: _____ **Date** _____