

PERMIT # \_\_\_\_\_



Moore County Health Department  
Environmental Health Section  
Phone (910) 947-6283  
Fax (910) 947-5127

**APPLICATION FOR SEWAGE DISPOSAL RECERTIFICATION**

Receipt #: \_\_\_\_\_ Parcel ID/LRK #: \_\_\_\_\_  
Owner: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Representative: \_\_\_\_\_ Cell #: \_\_\_\_\_

**PROJECT ADDRESS:**

(A) Home or Out-Building Addition: \_\_\_\_\_  
(B) Swimming Pool: \_\_\_\_\_  
(C) Business/Church: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(D) Geothermal Loop: \_\_\_\_\_

Name of original property owner (when system was installed): \_\_\_\_\_

Approximate date of septic system installation: \_\_\_\_\_

**\* Applicant must submit a plot plan indicating lot size, existing building locations, proposed building addition, swimming pool, driveway, existing wells and underground storage tank locations.**

**\* Approval expires six (6) months from date of issuance.**

(A) Home/Building Addition – Intended use of room addition: \_\_\_\_\_  
With plumbing: \_\_\_\_\_  
TOTAL number of bedrooms: \_\_\_\_\_  
**All proposed building additions must be staked out on lot.**

(B) Swimming Pool – Swimming pools must be at least 15' away from existing septic systems and repair area if required.  
Are bathhouses or showers proposed for pool area? \_\_\_\_\_  
**Proposed location of pool must be staked out on lot.**

(C) Business/Church – Intended use of building: \_\_\_\_\_  
Number of employees: \_\_\_\_\_  
Number of church seats: \_\_\_\_\_  
Will Industrial Processed Wastewater be generated? \_\_\_\_\_  
Will Food Service Facilities be provided? \_\_\_\_\_  
Are floor drains planned: \_\_\_\_\_  
**All proposed building additions must be staked out on lot.**

**\* I hereby certify the information supplied herein is true and accurate to the best of my knowledge. I hereby waive any claim for damages from any evaluation performed pursuant to this application.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

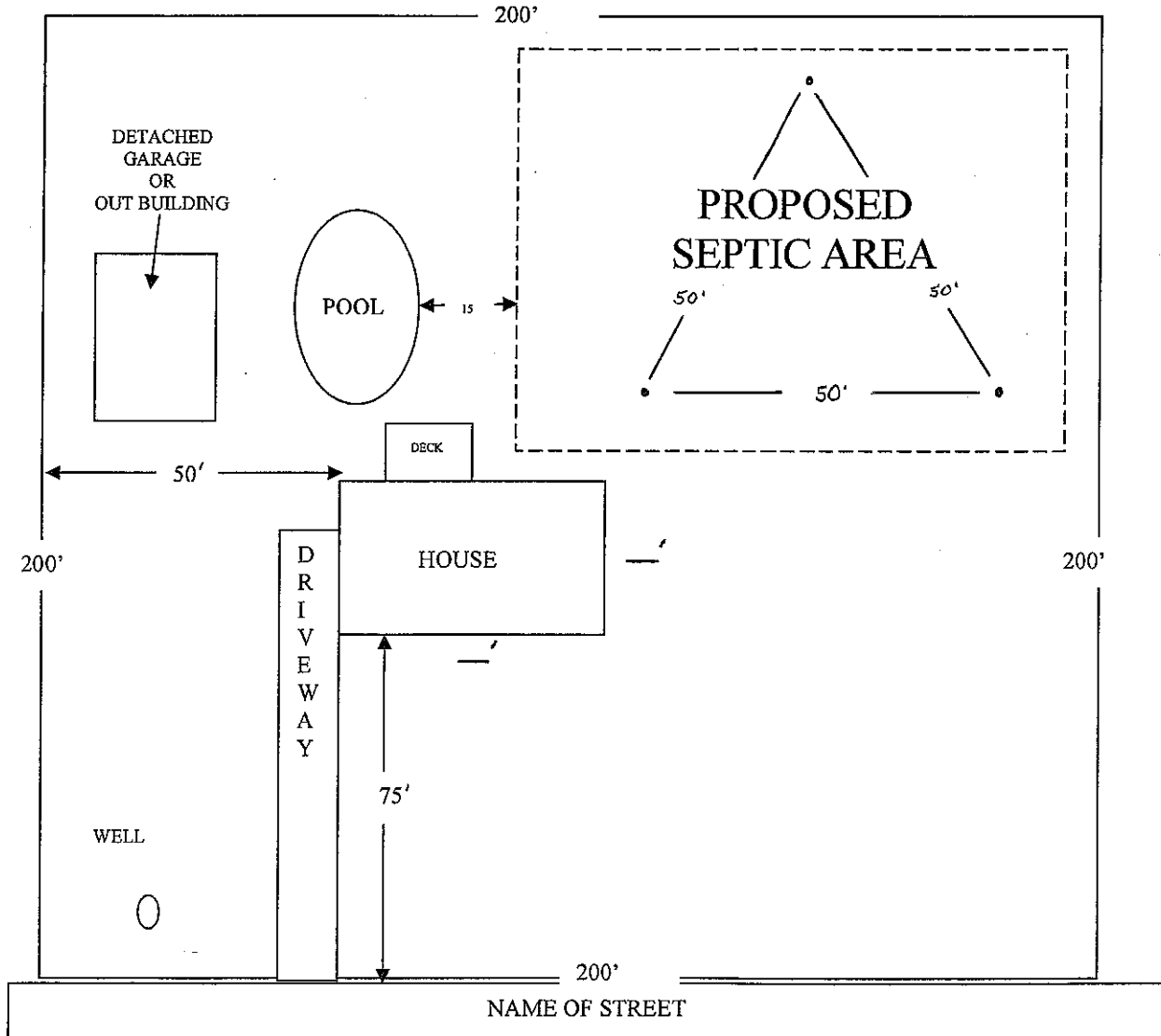
(Owner or Representative)

**SITE PLAN WORKSHEET**

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- The dimensions of the property.
- The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- The site you would prefer your septic system to go in.
- The preferred driveway location.
- The proposed well location.
- A north arrow or other sufficient directional indicator.
- N/A  - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- N/A  - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- N/A  - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A  - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

USE THE BACK OR ANOTHER SHEET TO DRAW YOUR SITE PLAN:  
SAMPLE BELOW:



**County of Moore**  
*Department of Health*  
705 Pinehurst Avenue • P.O. Box 279  
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.  
Director

Telephone: 910-947-3300  
Medical Records Fax: 910-947-1663  
Administration Fax: 910-947-5837

**Designation of Legal Representative**

I, \_\_\_\_\_, hereby authorize  
Property Owner (print)

\_\_\_\_\_ to serve as my legal  
Legal Representative (print)

representative for the purpose of obtaining a permit to install, repair or expand an on-site wastewater system and/or well. I understand that submittal of the application for evaluation will authorize the Moore County Health Department to perform said evaluation on my property.

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Representative

*"To Protect and Promote Health through Prevention and Control of Disease and Injury."*  
<http://www.moorecountync.gov/health/>

Environmental Health  
Telephone: 910-947-6283  
Fax: 910-947-5127

WIC  
Telephone: 910-947-2797  
Appointments: 910-947-3271  
Fax: 910-947-2460