

PERMIT # _____



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

APPLICATION FOR SEWAGE DISPOSAL REPAIR

Receipt #: _____ Parcel ID/LRK #: _____
Owner: _____ Home Phone #: _____
Email: _____ Cell #: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____

Is house being bought or sold? Yes _____ No _____ If yes, please provide a copy of the septic report.

Exact Directions to Property (911 address, if available): _____
City: _____ State: _____ ZIP: _____

Name of original property owner (when system was installed): _____
Approximate date of septic system installation: _____
Is home currently occupied? Yes _____ No _____
Is there an existing well on the property? Yes _____ No _____
Is sewage backing into the home or visible on top of the ground? Yes _____ No _____
Describe problems with existing system: _____

All applicants requesting septic repair should check homes for plumbing leaks. **Property lines must be identified before EHS schedules an appointment.**

Number of bedrooms: _____

Number of people served: _____

Additional plumbing fixtures that may affect water usage (garbage disposal, spa, hot tub, etc.): _____

Type of business: _____

Number of employees: _____

Will Industrial Processed Wastewater (IPW) be generated? Yes _____ No _____

Are floor drains present? Yes _____ No _____

Are food service facilities provided? Yes _____ No _____

Seating capacity for restaurant: _____

Seating capacity for church: _____

*** 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)

*** APPLICATIONS MAY BE COMPLETED ONLINE, EMAILED, FAXED OR IN PERSON**

- **ONLINE:** <https://www.moorecountync.gov/environmental-health/septic-wells>
- **EMAILED TO:** mcappleh@moorecountync.gov
- **FAXED TO CENTRAL PERMITTING (PHONE: 910-947-2221) FAX: 910-947-1303**
- **MAILED OR DELIVERED TO THE OFFICE AT 1048 CARRIAGE OAKS DRIVE, CARTHAGE.**

*** APPLICATION FEES MAY BE COMPLETED ONLINE, BY MAIL, OR IN PERSON**

- **ONLINE AT** <https://moorecountync.gov/pay> (Updated 6:00 PM, Monday thru Friday)
- **MAILED TO CENTRAL PERMITTING, P.O. BOX 905, CARTHAGE, N.C. 28327**
- **DELIVERED TO THE OFFICE AT 1048 CARRIAGE OAKS DRIVE, CARTHAGE.**

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