

Permit #: _____



**Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127**



Application for Septic System Repair

Receipt #: _____ Parcel ID / LRK #: _____

Owner: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

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

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

Describe problems with existing system: _____

Is sewage backing into the facility or visible on top of the ground? Yes ____ No ____

For Residences:

Is home currently occupied? Yes ____ No ____ Approximate date of system installation: _____

Is there an existing well on the property? Yes ____ No ____

Number of bedrooms: _____ Number of people served: _____

For Businesses:

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: _____

All applicants requesting septic repair should check for plumbing leaks. Property lines should be identified before the application is submitted.

***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)



Moore County Health Department
Environmental Health Section
1042 Carriage Oaks Dr.
PO Box 279, Carthage, NC 28327



Matthew Garner, MPA
Health Director

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

Designation of Legal Representative

I, _____, hereby authorize
Property Owner (print)

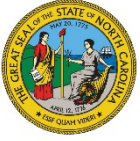
_____ to serve as my legal
Legal Representative (print)
representative for the purpose of obtaining a permit to install, repair or
expand an on-site wastewater system and/or well. I understand that submittal
of the application for evaluation will authorize the Moore County Health
Department to perform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

Parcel ID/LRK #: _____

Address of Property: _____

Signature: _____ Date: _____
Property Owner

Signature: _____ Date: _____
Legal Representative



OWNER REQUEST
for
BEST PROFESSIONAL JUDGMENT

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

for the repair of

**WASTEWATER TREATMENT AND DISPERSAL SYSTEMS
IN ACCORDANCE WITH 15A NCAC 18E .1306**

**This page to be completed by owner of property or owner's legal representative*

DATE: _____, 20____

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____

Physical Address (if different than mailing address): _____

City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X _____, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

**This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*