



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