

PERMIT # _____



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

**APPLICATION FOR SEWAGE DISPOSAL RECERTIFICATION
FOR MOBILE HOMES**

****Application must be completed and fees paid prior to visit.***

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

Mobile Home Park (911 address): _____

Lot #: _____

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

Approximate date septic system was installed: _____

Number of bedrooms: _____ Number of people served: _____

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
 - 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](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.

* ALL FEES ARE NON-REFUNDABLE AFTER NINETY (90) DAYS OR AFTER VISIT TO THE PROPERTY HAS BEEN MADE.

* APPLICATIONS ARE PROCESSED ON A FIRST COME/FIRST SERVED BASIS. IF YOUR TURN COMES AND THE ABOVE HAS NOT BEEN COMPLETED, THE NEXT APPLICATION LINE WILL BE PROCESSED.

* APPLICANT IS REQUIRED TO UNCOVER THE SEPTIC TANK PRIOR TO THE SITE VISIT.

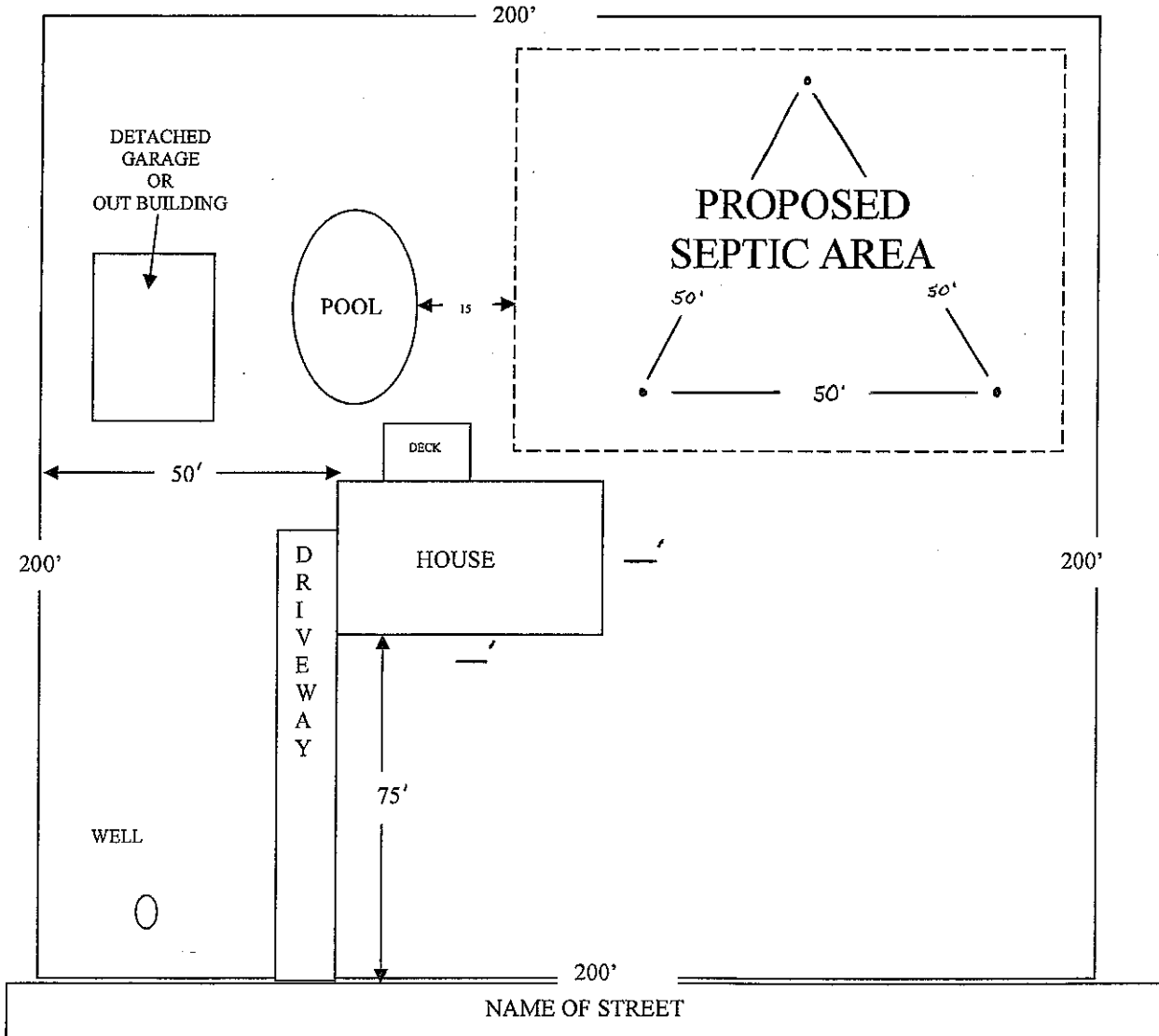
* SEPTIC SYSTEMS ARE DESIGNED BY THE NUMBER OF BEDROOMS, NUMBER OF PEOPLE SERVED, AND APPLICATION RATE OF SOIL. IF THE NUMBER OF BEDROOMS INCREASES FROM THE ORIGINAL SEPTIC PERMIT, THE APPLICANT MUST FILL OUT AN ADDITIONAL APPLICATION FOR SOIL EVALUATION, PAY THE FEE, AND IF NECESSARY UPDATE THE SEPTIC SYSTEM TO ACCOMMODATE THE ADDITIONAL USE CHANGE.

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