PERMIT # _____

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

APPLICATION FOR SEWAGE DISPOSAL REPAIR

Receipt #: _____ Parcel ID/LRK #: _____

Owner: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

Applicant: _____ Cell #: _____ Home #: _____

Is house being bought or sold? Yes _____ No _____

If yes, please provide a copy of the inspector's report.

Exact directions to property (911 address, if available): _____

_____

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)