

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 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)

- * If the original septic permit cannot be located, then the applicant may be required to uncover the outlet end of the septic tank, check the "T" and portions of the drain field.
- * 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:

