

"Go go in same location"

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

fax to ~~Adrian~~
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695-0189

61579

APPLICATION FOR SEWAGE DISPOSAL RECERTIFICATION
FOR MOBILE HOMES

Receipt #: 31044 / \$50.⁰⁰ / ck 2189 LRK #: 27792

Name: Janet Bouchelle PIN: _____

Mailing Address: 113 Holly Place Home Phone #: 910-673-3806 Son.
West End N.C. 27376 Work Phone #: N/A

Mobile Home Park or 911 Address : 113 Holly Place West End, N.C. 27376
Lot #: 8

Directions: _____
Name of original property owner (when system was installed): Robert Spaulding
Approximate date septic system was installed: _____
Number of rooms intended for bedrooms: 3
Number of people served: 1

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: 4-28-06
Applicant: Janet Bouchelle

- * If original septic permit cannot be located, then applicant may be required to uncover outlet end of septic tank, check the "T" and portions of the drainfield.
- * Septic systems are designed by the number of rooms intended for bedrooms, number of people served, and application rate of soil. If the number of rooms intended for bedrooms increases from the original septic permit, the applicant must fill out an additional application for a soil evaluation, pay fee, and if necessary update the septic system to accommodate additional use change.