



COUNTY OF RANDOLPH
 Health Department
 204 E Academy St - Asheboro NC 27203

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

If the information in the application for an Improvements Permit is falsified, changed or the site is altered, then the Improvements Permit and Authorization to Construct shall become INVALID. The permit is valid for either 60 months or without expiration depending upon the documentation submitted. (Complete site plan=60 months; Complete plat=without expiration.)

Applicant: _____
 Address: _____
 City, St Zip: _____

Date: _____
 Application #: _____
 Parcel number: _____

Owner: _____
 Address: _____
 City, St Zip: _____

Contact: _____
 Contact phone: _____

LOCATION INFORMATION:

Location: _____
 Subdivision name: _____ Lot number: _____

FACILITY INFORMATION:

Proposed use: _____	Number of bedrooms: _____
If other, specify: _____	Number of shifts: _____
Number of people/employees: _____	Number of toilets/urinals: _____
Number of seats: _____	Water supply: _____
Number of showers/tubs: _____	Existing wells present: _____
Site contains wetlands: _____	Domestic wastewater only: _____
Existing easements present: _____	

Comments: _____

Total application fee: _____

AUTHORIZATION TO PROCEED:

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature of property owner/legal representative* _____

_____ Date

****You must provide documentation to support claim as owner's legal representative.***

- LOCAL TELEPHONE NUMBER -
 Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4262 - Archdale/Trinity: (336) 819-3262
<http://www.co.randolph.nc.us>