



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

**APPLICATION FOR SUBSURFACE WASTEWATER EXPANSION 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 name: \_\_\_\_\_  
 Contact phone: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_

**LOCATION INFORMATION:**

Location: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot number: \_\_\_\_\_

**FACILITY INFORMATION:**

Reason for Expansion: _____	Existing Wells Present: _____
Proposed Use: _____	Existing Easements Present: _____
If other, Specify: _____	Domestic Wastewater Only: _____
Basement: _____	Septic System Type: _____
Basement Fixtures: _____	Age of Septic System: _____
Number of Shifts: _____	Location of Septic System: _____
Number of Seats: _____	Existing Number of Bedrooms: _____
Number of Toilets/Urinals: _____	Future Number of Bedrooms: _____
Number of Showers/Tubs: _____	Existing Number of People: _____
Site Contain Wetlands: _____	Future Number of People: _____
Water Supply: _____	

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

**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 NUMBERS  
 Asheboro: (336) 318-6262 • Archdale/Trinity: (336) 819-3262  
<http://www.randolphcountync.gov>