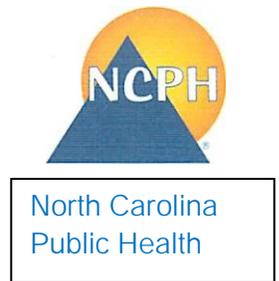




## RICHMOND COUNTY HEALTH DEPARTMENT

127 Caroline Street  
Rockingham, NC 28379  
Phone: 910-997-8320  
Fax: 910-997-8372



### **Local Confinement Facilities Plan Review**

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the facility.

The Rules Governing the Sanitation of Local Confinement Facilities (15A NCAC 18A .1500) require that plans be submitted for approval prior to construction, renovation, modification, change of ownership of such facilities by the local Health Department. Plans must be submitted with the necessary paperwork (see checklist below) to the Richmond County Health Department.

#### Submittal Checklist:

- \_\_\_\_\_ Plans and specifications for new construction or modification of Local Confinements shall be submitted to the Richmond County Health Department for review and approval before beginning construction.
- \_\_\_\_\_ Completed Application

1. Establishment Name: \_\_\_\_\_
2. Owner of Facility: \_\_\_\_\_
3. Supervising Agency (if applicable): \_\_\_\_\_
4. Supervising Agency contact number: \_\_\_\_\_
5. Contact Person Information: \_\_\_\_\_
6. Facility address: \_\_\_\_\_
7. Phone (day): \_\_\_\_\_ Phone (other): \_\_\_\_\_
8. Proposed Opening Date: \_\_\_\_\_
9. Sewage Disposal:  Municipal  Septic system
10. Water Supply:  Municipal  Private well

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_