

# ON-SITE WASTEWATER SYSTEM REPAIR APPLICATION

I DESIRE TO BE CONTACTED PRIOR TO EVALUATION

NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES, ENVIRONMENTAL HEALTH SECTION, ON-SITE WATER PROTECTION SECTION	<b>COUNTY:</b>	<b>TYPE OF ESTABLISHMENT</b>			<b>YOU MUST SUBMIT A SITE PLAN OR SKETCH OF YOUR PROPERTY WITH THIS APPLICATION:</b>  Please show the location of the residence or building, including decks, porches, and any other improvements such as pools, driveways, water supply & lines, and other structures.  The owner's agent shall provide written documentation of representation.  The undersigned person hereby agrees that he/she has read this application. It is understood that any permit issued hereafter is subject to suspension or revocation if the site plans or the intended use change or if information submitted in this application is falsified or changed.
	<b>TAX PARCEL I.D. #:</b>	<b>RESIDENCE:</b> YES NO	<b>NUMBER OF BEDROOMS:</b>	<b>NUMBER OF OCCUPANTS:</b>	
<b>OWNER:</b>		<b>OTHER:</b>			
<b>OWNER'S ADDRESS:</b>		<b>SQ. FOOTAGE OF RESIDENCE OR BUILDING:</b>			
<b>OWNER'S EMAIL:</b>					
<b>OWNER'S DAYTIME PHONE NUMBER:</b>		<b>BASEMENT:</b> YES NO	<b>PLUMBING FIXTURE IN BASEMENT:</b> YES NO		
<b>OWNER'S LEGAL REPRESENTATIVE:</b>		<b>WATER SUPPLY:</b> PUBLIC PRIVATE WELL SPRING OTHER			
<b>OWNER'S REPRESENTATIVE ADDRESS:</b>		<b>WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?</b>			
<b>REPRESENTATIVE EMAIL:</b>					
<b>REPRESENTATIVE DAYTIME PHONE NUMBER:</b>		<b>IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW THEM ON THE PLAT</b>			
<b>PROPERTY ADDRESS AND DIRECTIONS:</b>		<b>DESCRIPTION</b>	<b>YES</b>	<b>NO</b>	
		Any wastewater generated other than domestic sewage			
		The site is subject to approval by other public agencies			
		Wells, springs, or existing water lines			
		Designated wetlands			
		Existing wastewater systems			
<b>SUBDIVISION:</b>		Easements or right-of-way			
<b>LOT:</b>	<b>SECTION:</b>			<b>PHASE:</b>	
<b>SIGNATURE OF OWNER OR AGENT:</b>		<b>DATE:</b>	<b>ENERGOV # (Office Use):</b>		

**APPLICATION:**

- 1) *The landowner or the owner’s representative shall complete an application on a form supplied by the local health department. If the owner is represented by an agent, that agent shall submit a written authorization, signed by the owner, indicating that this person is authorized to act as his/her representative in obtaining the on-site wastewater system permits, including soil/site evaluations and other necessary site visits.*
- 2) *It is recommended that the application be accompanied by a plat or site plan, drawn to scale. “A plat or site plan shall not be required with the application for a Construction Authorization to repair a previously permitted system when the repairs will be accomplished on property owned and controlled by the applicant and for which the property lines are readily identifiable in the field”. At a minimum, a sketch showing the building location, driveway, water supply location (well or water lines), and other pertinent features for the property is required. The property must be accurately staked in the field and all property lines readily identifiable.*
- 3) *All information required by applicable laws and rules shall be included with the application. Incomplete applications shall be returned to the property owner or the owner’s representative/agent with a notice of information required to be resubmitted to complete the application.*
- 4) *Identify any ditches, drains, French drains, sock tiles, farm drainage, or any other similar drainage devices or structures within the property.*
- 5) *Identify any wells within 200 feet of the property.*

**IMPORTANT NOTICE:**

- 1) *The true property corners (Surveyor’s Iron Pipes, Rods, Axles, Etc.) must be identified. Flags will be provided to assist identification of permanent markers in the field.*
- 2) *The wastewater system repair shall be installed by a Septic Contractor with the appropriate level of certification. Owners may only install repairs that are conventional gravity fed systems. All other system types require a certified septic contractor.*
- 3) *Please fill out the Homeowner Interview Form thoroughly and completely. The more information you can provide, the better we will be able to diagnose the problem with your septic system and issue the appropriate repair permit.*
- 4) *Please make sure that the area of your existing septic system and the proposed or potential repair area location is accessible. Please note on the application if we will need to meet with you to gain access to the property.*
- 5) *If you have pets, please have them restrained, or otherwise controlled, during the repair evaluation.*

**PLEASE INDICATE DESIRED SYSTEM TYPE:**

- |                                       |  |   |   |  |   |
|---------------------------------------|--|---|---|--|---|
| <input type="checkbox"/> Conventional | <input type="checkbox"/> Chemical Toilet     | <input type="checkbox"/> Mechanical Toilet        | <input type="checkbox"/> Pressure Dosed Sand Filter | <input type="checkbox"/> Polystyrene Aggregate | <input type="checkbox"/> Chambered        |
| <input type="checkbox"/> Privy        | <input type="checkbox"/> Composting Toilet   | <input type="checkbox"/> Peat Biofilter System    | <input type="checkbox"/> "Brunswick" Bed/Fill       | <input type="checkbox"/> 1:1 No Reduction      | <input type="checkbox"/> 1:1 No Reduction |
| <input type="checkbox"/> Vault Privy  | <input type="checkbox"/> Low Pressure Pipe   | <input type="checkbox"/> Aerobic Sewage Treatment | <input type="checkbox"/> Wastewater Disposal System | <input type="checkbox"/> 25% Reduction         | <input type="checkbox"/> 25 % Reduction   |
| <input type="checkbox"/> Bed System   | <input type="checkbox"/> Large Diameter Pipe | <input type="checkbox"/> PTI Multi-Pipe System    | <input type="checkbox"/> Aerobic Drip               |  |   |
| <input type="checkbox"/> PPBPS        | <input type="checkbox"/> Incinerating Toilet | <input type="checkbox"/> Other (specify           | <input type="checkbox"/> Anaerobic Drip             |  |   |

Other: \_\_\_\_\_

*The undersigned person hereby agrees that he/she has read this application. It is understood that any permit issued hereafter is subject to suspension or revocation if the site plans or the intended use change or if information submitted in this application is falsified or changed.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**HOMEOWNER INTERVIEW FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Installer of System: \_\_\_\_\_

Septic Tank Pumper: \_\_\_\_\_

Designer of System: \_\_\_\_\_

\_\_\_\_\_

1. Number of people who live in the house: \_\_\_\_\_

How many adults: \_\_\_\_\_ How many children: \_\_\_\_\_

2. What is your average daily water usage? \_\_\_\_\_

3. Do you have a washing machine? \_\_\_\_\_

How often do you use the washing machine? \_\_\_\_\_

4. Do you have a garbage disposal? \_\_\_\_\_

5. When was the septic tank last pumped? \_\_\_\_\_

How often do you have it pumped? \_\_\_\_\_

6. Do you have a dishwashing machine? \_\_\_\_\_

How often do you use it? \_\_\_\_\_

7. Do you have a water softener or water treatment system? \_\_\_\_\_

Where does it drain? \_\_\_\_\_

8. Do you use an "in the tank" toilet bowl sanitizer? \_\_\_\_\_

9. Is any family member using a "long term" prescription drug or antibiotic? \_\_\_\_\_

What kinds? \_\_\_\_\_

\_\_\_\_\_

10. Are any household cleaning chemicals put down the drain? \_\_\_\_\_

What kinds? \_\_\_\_\_

11. Are any chemicals (paints, thinners, etc.) disposed down the drain? \_\_\_\_\_

What kinds? \_\_\_\_\_

12. Have any new water using fixtures been added since the system was installed? \_\_\_\_\_

What kinds? \_\_\_\_\_

List plumbing fixtures (like spas, whirlpools) other than sinks, lavatories, bath/showers

and toilets: \_\_\_\_\_

13. Has any site work been done to the house since you moved in, such as underground roof gutter drains, basement/foundation drains, landscaping, etc.? \_\_\_\_\_

What kinds: \_\_\_\_\_

14. Are there any underground utilities on your lot? \_\_\_\_\_ Check which types:

Power \_\_\_\_\_ Phone \_\_\_\_\_ Cable \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_

15. Describe what happens when you have a problem with your septic tank system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. When did you first notice the problem? \_\_\_\_\_

17. Does the problem seem to be linked to a specific event (washing clothes, heavy rains, house guest, etc...)? \_\_\_\_\_

\_\_\_\_\_