

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

Tax Map/Parcel #: \_\_\_\_\_

Permit #: \_\_\_\_\_

**REPAIR OF EXISTING SEPTIC SYSTEM APPLICATION**

1. Applicant Information:

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

2. Property Information:

a) Subdivision & Lot Number: \_\_\_\_\_

b) Lot Dimensions/acreage: \_\_\_\_\_

c) Does site contain any jurisdictional wetlands?  Yes  No

d) Does site contain any existing wastewater systems?  Yes  No

e) Wastewater generated other than domestic sewage?  Yes  No

f) Site subject to approval by other public agency?  Yes  No

g) Easements or Right-of-Ways on site?  Yes  No

3. Proposed Use and Type of System

a) Residential Septic

a. Maximum Number of Bedrooms: \_\_\_\_\_

b. If expansion, Current Number of Bedrooms: \_\_\_\_\_

c. Will there be a basement?  Yes  No

\*If so, will there be plumbing fixtures?  Yes  No

b) Non-Residential Septic

a. Type of Business: \_\_\_\_\_

b. Total Square Footage of Building: \_\_\_\_\_

c. Number of Employees: \_\_\_\_\_

d. Maximum Number of Seats: \_\_\_\_\_

4. Water Supply

a. Type of water supply (choose one):

Private Well  Shared Well  Municipal Water  Spring

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

5. Authorization to Construct

Any  Conventional  Accepted  Innovative Other \_\_\_\_\_

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**6. Repair Questionnaire**

- a. When was your septic system installed? \_\_\_\_\_
- b. When was the septic tank last pumped? \_\_\_\_\_
- c. Who pumped the tank? \_\_\_\_\_
- d. Where is your septic tank/drain field located? \_\_\_\_\_
- e. Is your wastewater?
  - Backing up into the house/draining slowly     Surfacing in the yard
  - Other: \_\_\_\_\_
- f. When did you first notice the problem? \_\_\_\_\_
- g. How many adults live in the house? \_\_\_\_\_
- h. How many teenagers live in the house? \_\_\_\_\_
- i. How many children live in the house? \_\_\_\_\_
- j. Are you on public/city water?     Yes     No
- k. Do you have a garbage disposal?     Yes     No
- l. How many loads of laundry do you wash per week? \_\_\_\_\_
- m. Water softener or water treatment system?     Yes     No
- n. Underground lawn watering system?     Yes     No
- o. Which underground utilities are on your property:  Cable     Gas     Phone     Power  
Other \_\_\_\_\_
- p. Does the problem seem to be linked to certain events (heavy rain, washing clothes, or company staying over) or has there been any recent site work that you think may have caused the problem (tree work, new pool, landscaping, gutter or foundation drains, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that the information provided above is complete and correct to the best of my knowledge. I also understand that if the information provided is inaccurate, the site is subsequently altered, or the intended use changes, all permits and approvals shall be subject to revocation. Submittal of this application grants right of entry to the Person County Environmental Health Department staff.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*Applications can be submitted by email to [envhealth@personcountync.gov](mailto:envhealth@personcountync.gov)