REQUIRED RESPONSES (ALL FIELDS)

Applicant _____ Email _____

Billing Address _____

City, State Zip _____ Phone _____

Owner (if different than Applicant) _____ Email _____

Billing Address _____

City, State Zip _____ Phone _____

PIN _____ Lot Size _____ Subd / LOT# _____

Site address (if assigned) _____

(CHECK ONE) NEW WELL☐ EXISTING WELL☐ COMMUNITY WELL☐ PUBLIC WATER ☐

PROJECT DESCRIPTION (CHECK ALL THAT APPLY)

New Residential Improvement Permit	☐
New Commercial Improvement Permit	☐
Revision of Application for Improvement Permit #_____	☐
Expansion of Existing System – Improvement Permit #_____	☐
New Residential Construction Authorization	☐
New Commercial Construction Authorization	☐
Revision of Application for Construction Authorization #_____	☐
Expansion of Existing System – Construction Authorization #_____	☐
Existing System Authorization	☐
Mobile Home Park Space Connection	☐
Septic System Repair	☐
Septic System Abandonment	☐
New Well Permit- Private Drinking Water	☐
New Well Permit- Irrigation or Geothermal	☐
Well Repair with bacteriologic sample	☐
Well Repair with full sample suite	☐
Well Abandonment	☐
New Well Permit - Monitoring	☐

Up to a 2 acre area will be evaluated for an Improvement Permit. Re-inspections are subject to fees. No refunds.

By checking this statement, I grant the Orange County Health Department permission to take drone photographs of the location/property. ☐

Acknowledgment: This application has been signed by the current OWNER of the property or the OWNER'S LEGAL REPRESENTATIVE (documentation required) who has entered into a contract or lease with the owner and who may legally represent the property owner in the transactions regarding the property. I, the undersigned, am the property OWNER or the LEGAL REPRESENTATIVE. By signing this application, I grant the Orange County Health Department, Environmental Health Division, right of entry to the property to perform the service(s) requested.

SIGNATURE: _____ DATE: _____

Remit to Orange County Environmental Health.131 W Margaret Ln. Hillsborough, NC 27278 or email ehapplications@orangecountync.gov

ORANGE COUNTY ENVIRONMENTAL HEALTH

Applicant_____

Site address_____

(Remit to Orange County Environmental Health.131 W Margaret Ln. Hillsborough, NC 27278 or email ehapplications@orangecountync.gov

SEPTIC SYSTEM REPAIR QUESTIONNAIRE

PLEASE DESCRIBE THE PROBLEM. WHAT DO YOU EXPERIENCE?

Backing up into home or facility ☐ Septic tank overflowing outside ☐ Damaged ☐

Discharge of sewage on the ground ☐ Need to pump the tank(s) often ☐

Other:_____

When did you notice/ How long have you been experiencing this problem?_____

TELL US ABOUT YOUR HOUSE.

Existing Number of bedrooms: _____ Existing Number of occupants: _____

PLEASE RESPOND YES or NO

Do you notice the problem is worse:.

After heavy rain? YES ☐ NO ☐

When you wash clothes? YES ☐ NO ☐

When there are overnight or multiple visitors? YES ☐ NO ☐

Have you checked for leaking fixtures? YES ☐ NO ☐

Do you have water treatment plumbed to tank? YES ☐ NO ☐

Any recent work to the property such as digging, tree removal, driving of heavy equipment? YES ☐ NO ☐

Any strong cleaners, disinfectants, or medications in use? YES ☐ NO ☐

TELL US WHAT YOU MAY HAVE ALREADY DONE.

Have you pumped the tank(s)? YES ☐ NO ☐

If yes, when was the last time? _____

Have already consulted a contractor or septic inspector? YES ☐ NO ☐

If yes, did they write you a report? YES ☐ NO ☐

SI NECESITAS AYUDA POR LOS SERVICIOS EN ESPANOL, LLAME A 919-245-2361.

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS

IN ACCORDANCE WITH 15A NCAC 18E .1306

This page to be completed by owner of property or owner's legal representative

DATE:_____, 20_____

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN):_____

Physical Address (if different than mailing address):_____

City: _____ State: **NC** Zip: _____

OWNER ATTESTATION

I _____, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.