PERSON COUNTY
ENVIRONMENTAL HEALTH

Date: _____
Tax Map/Parcel #: _____
Permit #: _____

REPAIR OF EXISITING 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. Number of Bedrooms: _____
   b. 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. Number of Permitted 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 _____
   *** 811 must be contacted to locate and pin flag all underground utilities. ***
   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