

RUTHERFORD-POLK-McDOWELL
HEALTH DISTRICT

- Septic Repair
- Existing Septic

Septic System Repair and Existing Septic System
Application Questionnaire

Pumping Receipt: Y N

Information taken from (Name): _____ Date: _____

Application Completed By (Name): _____ Date: _____

Owner/Legal Agent: _____ County: R P M

Owner Mailing Address: _____

Home#: _____ Work#: _____ Cell#: _____ Fax#: _____

Tenant: _____ Contact #: _____

Property Location: _____

Subdivision: _____ Lot#: _____ Gate Code: _____

Directions: _____

Facility Type: House Mobile Home Modular Other: _____

Basement: Y N With Plumbing: Y N Garbage Disposal: Y N Dishwasher: Y N

Lot Size: _____ acres Number of Bedrooms: _____ Number of Occupants: Adults _____ Teens _____ Children _____

Water Supply: Private Well Public/Community Spring Other: _____

1. Whose name was the original septic permit issued under? _____

2. When was the septic system installed? Year? _____

3. Has the septic tank been pumped in the last five years? Y N When? _____ Pump Company? _____

4. Has the septic system ever malfunctioned? Y N How? Backing up in house Draining Slowly
 Leaking on top of ground Physical Damage

5. Has the system ever been repaired? Y N
Whose name is on the repair permit? _____
Who repaired the septic system? _____

6. Where is your well located? _____

7. Are there any neighboring wells, springs, or underground storage tanks nearby? Y N How close (ft)? _____

8. Is the septic system entirely on the current property? Y N Where? _____

9. For repair system applicants: When did you first notice the problem? _____
When does the septic system fail? All the time During rain Doing Laundry Heavy use Other: _____

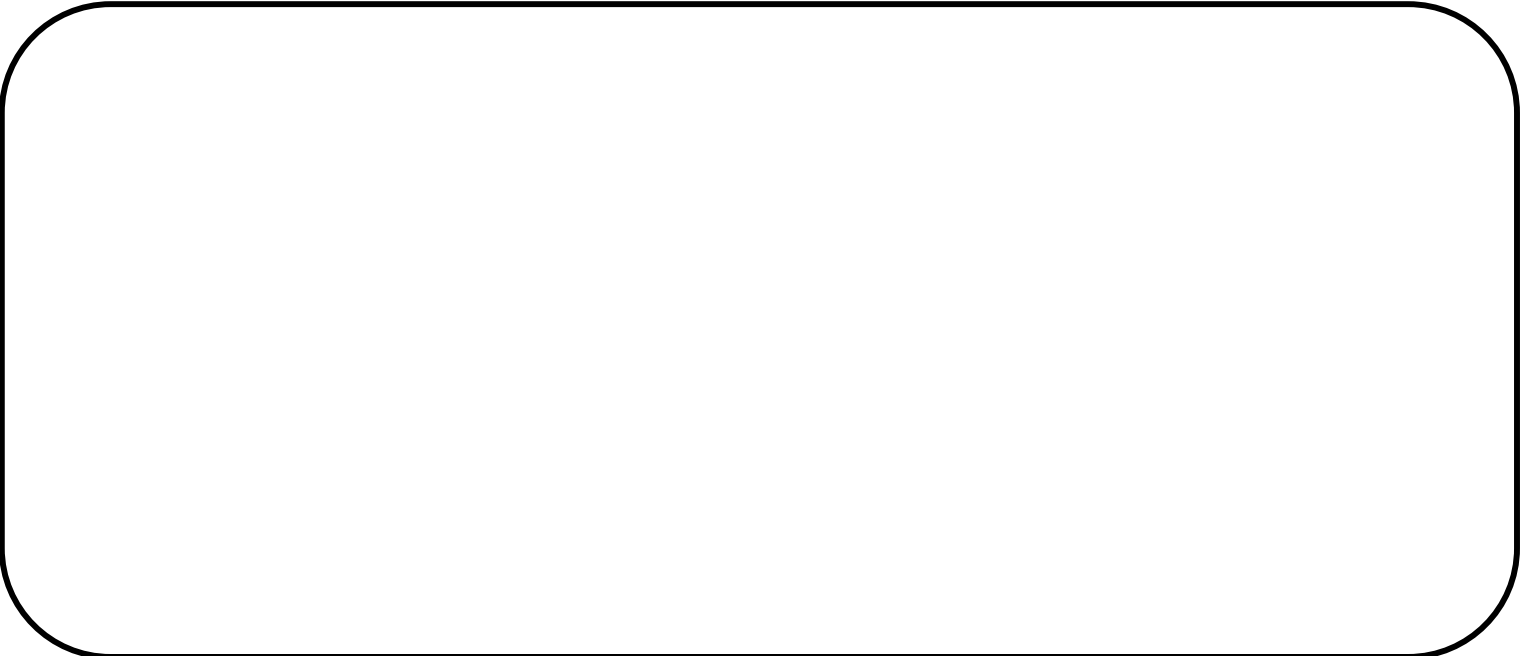
10. For existing system applicants:
What type of building/residence was connected to the septic system originally?
 House Number of Residents: _____ Number of Bedrooms: _____
 Mobile Home Number of Residents: _____ Number of Bedrooms: _____
 Business Number of Employees: _____ Business Type: _____
What type of building/residence will be re-connected?
 House Number of Residents: _____ Number of Bedrooms: _____
 Mobile Home Number of Residents: _____ Number of Bedrooms: _____
 Business Number of Employees: _____ Business Type: _____

Owner/Legal Agent: _____ Date: _____

Signature

Septic System Repair and Existing Septic System Application Questionnaire Continued

11. Do you have a washing machine? Y N How many loads per week do you wash? _____
12. Do you use an "in the tank" or "in the bowl" toilet sanitizer? Y N
13. Do you have a water softener system? Y N Where does it drain? _____
14. Are any family members using long term prescription drugs, anti-biotics, or are on chemotherapy? Y N
15. Are any cleaning chemicals disposed of by pouring them down the drain? Y N What kind? _____
16. Are any other chemicals, paint thinners, paints, etc. disposed of down the drain? Y N What kind? _____
17. Have any new water using fixtures been added since the system was installed? Y N List: _____
18. Other than sinks, showers, bath tubs, and toilets; list any additional plumbing fixtures, like spas or whirlpools etc. _____
19. Do you have an underground lawn watering system / sprinkler system? Y N
20. Has any site work been completed on the property since you moved in? Y N Describe: _____
(such as gutter drains, a new pool, a basement or foundation drain, landscaping, driveway paving, etc.) _____
21. Are there any underground utilities on the property?
 Power Line Phone Line Cable Line Gas Line Water Line Other: _____
22. Please draw the property to the best of your ability and knowledge on this sheet. Be sure to show houses, buildings, mobile homes, proposed buildings or mobile homes, water supplies, streams, roads, drives, property lines, existing septic tank locations, utility locations and any other pertinent structures or features.



Owner/Legal Agent: _____ Date: _____

Signature