



# Brunswick County Health Services

25 Courthouse Drive N.E.; Post Office Box 9  
Bolivia, North Carolina 28422-0009  
910-253-2250 1-888-428-4429



David M. Stanley III, Executive Director  
Health and Human Services Agency

Cris Harrelson, Director  
Department of Health Services

## SEPTIC REPAIR APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

\_\_\_\_\_  
CURRENT PROPERTY OWNER

\_\_\_\_\_  
PREVIOUS OWNER OF PROPERTY

\_\_\_\_\_  
ORIGINAL PERMIT TAX PARCEL ID# RESIDENTIAL OR (CIRCLE COMMERCIAL ONE) # BEDRMS / # EMPLOYEES

SUBDIVISION: \_\_\_\_\_ LOT # \_\_\_\_\_ BLOCK \_\_\_\_\_ SECTION \_\_\_\_\_

ADDRESS OF PROPERTY & DIRECTIONS \_\_\_\_\_

LOT DIMENSIONS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ L SIDE \_\_\_\_\_ R SIDE \_\_\_\_\_

**PUBLIC OR PRIVATE WATER WATER SUPPLY LOCATION: F \_\_\_\_\_ R \_\_\_\_\_ LS \_\_\_\_\_ RS \_\_\_\_\_**  
(CIRCLE ONE)

SEPTIC LOCATION: F \_\_\_\_\_ R \_\_\_\_\_ LS \_\_\_\_\_ RS \_\_\_\_\_ AGE OF SEPTIC SYSTEM \_\_\_\_\_

DESCRIBE WHAT HAPPENS WHEN YOU HAVE A PROBLEM WITH YOUR SEPTIC SYSTEM.

DATE SEPTIC SYSTEM PUMPED \_\_\_\_\_ PUMPED BY: \_\_\_\_\_

DATE LAST REPAIRED \_\_\_\_\_ BY: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE BRUNSWICK COUNTY HEALTH SERVICES TO INSPECT THE PROPERTY DESCRIBED ABOVE.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**(OWNER/AGENT)**

PLEASE REMIT FEE OF **\$300.00** TO:  
BRUNSWICK COUNTY HEALTH SERVICES  
P O BOX 9, BOLIVIA, NC 28422

**\*\*\*No Refunds on Environmental Health Fees\*\*\***

## *Homeowner Interview Form*

1. NUMBER OF PEOPLE LIVING IN HOME: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

2. WHEN DID YOU FIRST NOTICE THE PROBLEM?

\_\_\_\_\_

3. DOES THE PROBLEM SEEM TO BE LINKED TO A SPECIFIC EVENT (WASHING CLOTHES, HEAVY RAINS, COMPANY COMING OVER, ETC)? \_\_\_\_\_

\_\_\_\_\_

4. PLEASE LIST ANY HOUSEHOLD OR INDUSTRIAL CHEMICALS PUT DOWN THE DRAIN (CLOROX, LYSOL, PAINT THINNERS ETC)?

\_\_\_\_\_

HOW OFTEN DO YOU USE THESE CHEMICALS? \_\_\_\_\_/WEEK

5. DO YOU HAVE A GARBAGE DISPOSAL? \_\_\_\_\_

HOW OFTEN DO YOU USE IT? \_\_\_\_\_/PER WEEK

6. DO YOU HAVE A WASHING MACHINE? \_\_\_\_\_

HOW OFTEN DO YOU USE IT? \_\_\_\_\_/PER WEEK

7. DO YOU HAVE A WATER SOFTNER? \_\_\_\_\_ WHERE DOES IT DRAIN? \_\_\_\_\_

8. HAVE ANY NEW WATER USING FIXTURES BEEN ADDED, SINCE THE SYSTEM WAS INSTALLED? \_\_\_\_\_ LIST PLUMBING FIXTURES (LIKE SPAS, WHIRLPOOLS) OTHER THAN SINKS, LAVATORIES, BATH/SHOWERS AND TOILETS \_\_\_\_\_

\_\_\_\_\_

9. HAS ANY SITE WORK BEEN DONE TO THE HOUSE SINCE YOU MOVED IN, SUCH AS LAWN-WATERING SYSTEMS, ROOF GUTTER DRAINS, BASEMENT FOUNDATION DRAINS, LANDSCAPING, ETC? \_\_\_\_\_

IF SO WHAT? \_\_\_\_\_

10. DISTANCE BETWEEN WATER SUPPLY AND SEPTIC SYSTEM \_\_\_\_\_

11. ARE THERE ANY UNDERGROUND UTILITIES ON YOUR LOT? CHECK WHICH APPLY

POWER \_\_\_\_\_ PHONE \_\_\_\_\_ CABLE \_\_\_\_\_ GAS \_\_\_\_\_ WATER \_\_\_\_\_

## SITE PLAN DRAWING FOR BRUNSWICK COUNTY PERMIT

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*AUTHORIZED OWNER/AGENT*

*PERMIT(S) #*

*TAX PARCEL #*

\* INSTRUCTIONS TO APPLICANT: AS AN OPTION YOU MAY ATTACH SITE PLAN DRAWING

- A. DRAW THE LOT SHOWING PROPERTY DIMENSIONS:  
IF APPLICABLE: SPECIFY SCALE - 1" EQUALS \_\_\_\_\_ FEET (NOT TO EXCEED 1 INCH = 60')
- B. DRAW STRUCTURE(S) SHOWING DISTANCES TO PROPERTY LINES, SETBACK, ETC.,  
DIMENSIONS OF EXISTING OR PROPOSED STRUCTURES, DECKS, WALKWAYS, ETC.
- C. IDENTIFY WHERE DRIVEWAY, SWIMMING POOLS, STORAGE SHEDS, ETC. ARE LOCATED.
- D. SHOW ANY EXISTING WELLS ON LOT AND SURROUNDING LOTS.
- E. SHOW PREFERRED/EXISTING SEPTIC SYSTEM LOCATION AND DISTANCES FROM STRUCTURES,  
WATER SUPPLY AND PROPERTY LINES
- F. SHOW ANY DRAINAGE SYSTEMS AROUND LOT
- G. SHOW ANY/ALL UNDERGROUND UTILITIES
- H. IS LOCATION IN A DESIGNATED WETLAND? (    ) YES    (    ) NO



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SITE PLAN DRAWING

STREET

Brunswick County Health Department  
Application for  
Improvement Permit and/or Authorization to Construct System Designation

The kinds of soil and site conditions on the land determine whether the Local Health Department (LHD) can issue an improvement permit, as well as the type of septic system needed there. The Conventional Septic System, with a septic tank and a number of trenches, is used at almost one-half of the home sites with septic systems in North Carolina. It works well in brightly colored (red or brown), thick, loamy-textured soils with deep water tables depending upon the part of the state. On some soils that are too wet or too shallow for a conventional septic system, a modified conventional system or an alternative septic system may be used.

**Alternative Septic Systems** include low-pressure pipe (LPP) systems, fill systems, and other specially designed systems. There are many soils, however, that are not suitable for any alternative septic system.

**Innovative and Experimental Systems** are technologies approved by the Division of Environmental Health that are not specifically described in the sewage rules as a conventional, modified or alternative system. A technical advisory committee meets monthly to provide guidance on I & E applications. These technologies can include pretreatment, trench disposal methods and other on-site wastewater treatment and disposal system components. This also applies to controlled demonstration and accepted systems approved pursuant to applicable laws and rules. Approvals are typically issued to a specific company or organization, and provide specific information about the technologies design, installation, sitting criteria, construction, and any other information about the proper installation, operation, maintenance and permitting of the technology.

**Accepted Systems** are not Conventional Systems. Accepted System is a classification all to itself, just as Innovative or Experimental are unique classifications under G.S. 130-A-343. By virtue of having been found to perform equal to or better than a Conventional (gravel) System, they enjoy the same rights and privileges of a Conventional System when it comes to permitting procedures.

**Please Indicate Desired System Type (s):**

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

\_\_\_\_\_  
Property Owner's or Owner's Legal Representative Signature required

\_\_\_\_\_  
Date Signed

Tax Parcel #: \_\_\_\_\_