



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

Date Of Request: _____ BCHS File Number: _____

Tax Parcel Id: _____ Email: _____

Owner / Authorized Agent: _____ Phone: _____ Fax: _____

Authorized Agent Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Name: _____ Owner's Phone Number: _____

Owner's Mailing Address: _____ City: _____ State: _____ Zip: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Subdivision: _____ Lot: _____ Block: _____ Section: _____

Directions to Property: _____

Check One: Residential or Commercial # Bedrooms: _____ # Employees: _____

Lot Dimensions: Front _____ Rear _____ L Side _____ R Side _____

Check One: Public Water or Private Water

Water Supply Location: F _____ R _____ LS _____ RS _____ Septic Location: F _____ R _____ LS _____ RS _____

Age of Septic System: _____

Describe what happens when you have a problem with your septic system: _____

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

SIGNATURE: _____ **DATE:** _____

(Owner or Authorized 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 the 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? _____ / Per week

5) Do you have a garbage disposal? Yes or No

If Yes, how often do you use your garbage disposal? _____ / Per week

6) Do you have a washing machine? Yes or No

If Yes, how often do you use your washing machine? _____ / Per week

7) Do you have a water softener? Yes or No

If Yes, where does your water softener drain? _____

8) Have any new water using fixtures been added since the septic system was installed? Yes or No

If Yes, List the plumbing fixtures (Ex. 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.? Yes or No

If Yes, please explain: _____

10) What is the distance between your water supply and your septic system? _____

11) Are there any underground utilities on your lot? Check all that apply

Power Phone Cable Gas Water

12) Date Septic System Pumped: _____ Pumped By: _____

13) Date Last Repaired: _____ Repaired By: _____

SITE PLAN DRAWING FOR BRUNSWICK COUNTY PERMIT

Owner or Authorized Agent Signature

BCHS File #

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



SITE PLAN DRAWING

STREET

Brunswick County Health Services
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, siting 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

Owner or Authorized Agent Signature

Date Signed

Tax Parcel #: _____