

COUNTY PIN#: _____ APPLICATION#: _____ FEE: _____ RECEIPT#: _____

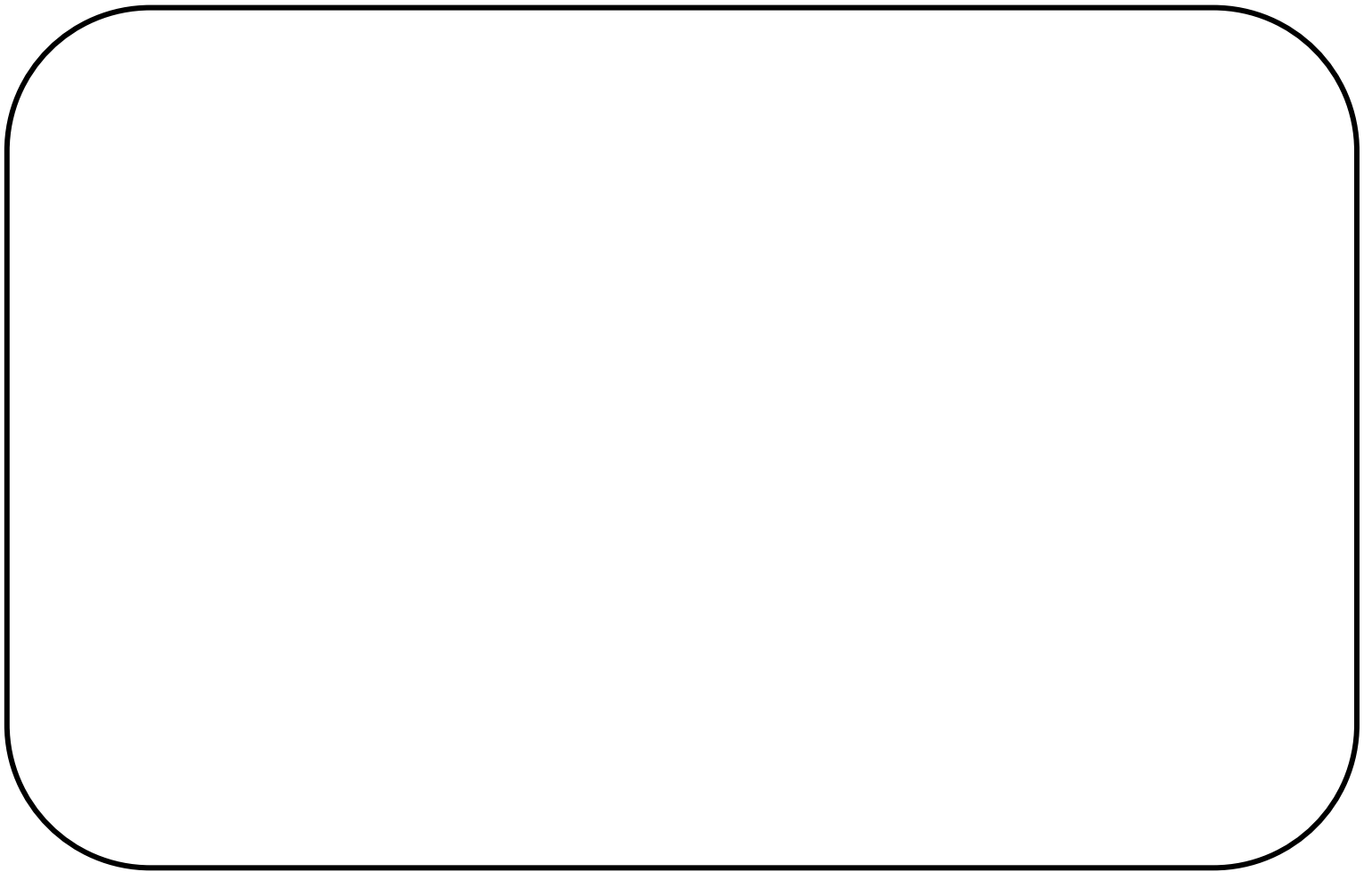
Foothills Health District
Septic System Repair Application
www.foothillshd.org

Owner: _____
Owner Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone # 1: _____ Phone # 2: _____ Email : _____

Property Location: _____
Subdivision: _____ Lot#: _____ Gate Code: _____
Directions: _____

Facility Type: House Mobile Home Modular Other: _____
Basement: Y N With Plumbing: Y N
Acreage/Lot Size: _____ acres Number of Bedrooms: _____ Number of Occupants: _____
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. In what manner is the system malfunctioning? Backing up in house Surfacing to top of ground Physical Damage
4. Is a permit required for the sale of the property? Y N
5. Has the system ever been repaired? Y N Whose name is on the repair permit? _____
6. Has a private inspector/installer evaluated this property? Y N If so, provide copy of report.
7. Have you consulted with a septic installer? Y N If so, provide name and phone number _____
8. Where is your well located? _____
9. Are there any neighboring wells or springs? _____ Indicate locations on attached site map
10. Is the septic system entirely on the current property? Y N Where? _____
11. Has any site work been completed on the property since you moved in? Y N Describe: _____
12. Please draw the property to the best of your ability showing the following:
 houses/homes, water supplies,
 streams, roads/drives,
 property lines, existing septic tank locations,
 any other site-specific features



I grant access to the aforementioned property to representatives of the Foothills Health District Environmental Health Department for the purposes of a site evaluation of the property.

Owner/Legal Agent: _____ Date: _____
Signature

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Spindale, NC 28160
(828) 287-6317
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