

Septic Repair Application
Brunswick County Environmental Health Services
25 Courthouse Dr, PO Box 9, Bolivia, NC 28422
(910)253-2150 - septicplans@brunswickcountync.gov

Date Of Request: _____ BCHS File Number: _____

Tax Parcel Id: _____ Email: _____

Authorized Agent Name: _____ Phone: _____ Fax: _____

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

Owner Name: _____ Owner Phone: _____

Owner 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: _____

I plan on placing a new structure (house or business) on this property at this time (if checked then complete this section)

Proposed Project Type: _____

Residential: Site Built/Modular House or Mobile Home # Units: _____ # Occupants: _____

Commercial/Industrial (Describe the type of business): _____

Employees: _____ Hours of Operation: _____

I certify that the above information is true to the best of my knowledge and belief. I authorize Brunswick County Environmental Health Services to inspect the property described above.

Signature: _____ Date: _____

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

Homeowner Interview Form

1) Number of people living in the home: _____ Adults: _____ Children: _____

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

3) When did you first notice the problem? _____

4) Does the problem seem to be linked to a specific event (Washing clothes, heavy rains, company coming over, etc.)? _____

5) Please list any household or industrial chemicals put down the drain (Clorox, Lysol, paint thinners, etc.)?

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

If Yes, how often do you use your garbage disposal? _____/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 Repair Permit

Owner or Authorized Agent Signature

BCHS File #

Tax Parcel #

*** Instructions to applicant:** As an option you may attach a site plan drawing

1) Draw the lot showing property dimension:

If applicable: Specify scale – 1-inch equals _____ feet (not to exceed 1-inch equals 60 feet)

2) Draw structure(s) showing distances to property lines, setbacks, etc., dimensions of existing or proposed structures, decks, walkways, etc.

3) Identify where the driveway, swimming pools, storage sheds, etc. are located

4) Show any existing wells on the property and any surrounding properties

5) Show preferred/existing septic system location and distances from structures water supply and property lines

6) Show any drainage systems around the property

7) Show any/all underground utilities

8) Is the property located in a designated wetland? Yes No

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 #: _____