

**Alexander County Health Department
6125 NC Hwy 16 South, Taylorsville, NC 28681
Call between 8:00-9:00 a.m. at (828) 632-1000**

Homeowner/Tenant Interview Form For Repair

Please fill out completely to aid in the evaluation of your failing septic system.

Name: _____ Date: _____

Address: _____ Phone: _____ (Home/Cell)

_____ (Work)

_____ Email: _____

When was the septic system installed? _____ Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? _____

Who pumped the septic tank? _____

How often have you had the tank pumped? _____

Where are the septic tank and drain field located on the property? _____

Briefly describe the problem you are experiencing with the septic system: _____

When did you first notice the problem? _____

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes No

Explain: _____

How many people are living in the house? _____ Adults _____ Teens _____ Children

How much water do you use each day (provide estimate in gallons)? _____

Is the property served by public water? Yes No

If yes, on average how much is your monthly water bill? \$ _____

Do you have a dishwasher? Yes No How many times per week is it used? _____

Do you have a garbage disposal? Yes No How many times per week is it used? _____

Do you have a washing machine? Yes No How many times per week is it used? _____

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes No

Do you have a water softener unit or water treatment system installed? Yes No

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes No

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes No

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes No

If yes, please indicate what type of fixtures have been added: _____

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

Do you have an in-ground irrigation system? Yes No

If yes, how often is the system used during a one week period? _____

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe: _____

Are there underground utilities located on the property? Yes No

If yes, check ALL that apply: ___ Power ___ Phone ___ Water ___ Gas ___ Cable TV

Signature

Date