

**Alexander County Health Department**  
**151 West Main Ave. Suite # 6 Taylorsville 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