

**WAYNE COUNTY HEALTH DEPARTMENT
APPLICATION FOR SEPTIC TANK REPAIR PERMIT
Fax: (919) 705-1815**

Property
Owner _____ Mailing Address _____

ADDRESS OF REPAIR _____

Telephone: _____ (hm) _____ (wk) _____ (cell)

SR# _____ Road Name _____ Township _____

Subdivision _____ Lot No. _____

Type of structure: ☐ House ☐ Mobile Home ☐ Other _____

Water Supply: ☐ Private ☐ Public

Number of existing bedrooms: _____ Number of people in home _____

Year of installation of sewage system _____

Has septic tank been repaired ☐ No ☐ Yes

Description of problem:

- ☐ Toilet does not flush or is slow flushing
- ☐ Toilet gurgles when flushed
- ☐ Sewage is breaking out on the ground surface
- ☐ Other

Do you have a garbage disposal? _____ How often do you use disposal? _____

When was the septic tank last pumped? _____

Do you have a dishwasher? _____ How often do you use it? _____

Do you have a clothes washer? _____ How often do you use it? _____

Are there any underground utilities on your lot?

_____ Power _____ Phone _____ Cable _____ Gas _____ Water

Do you have a lawn irrigation system? _____

Describe what happens when your septic tank gives problems:

I hereby make application for a sewage system repair permit for the above mentioned property and authorize Wayne County Health Department personnel to go on said property to make an evaluation. I understand that I am solely responsible for the proper identification of all existing utilities on my property.

*Wayne County Health Department is not responsible for damages to utilities not identified.

Owner / Agent / Applicant Signature

Date

Email Address: _____