

**Union County Health Department  
Environmental Health Division**

Date: \_\_\_\_\_

Referred To: \_\_\_\_\_

**REQUEST FOR REPAIR**

<b>Name (Property Owner):</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
_____	<b>Number of Bedrooms:</b> _____
<b>Directions to Property:</b> _____	
_____	
<b>Type of Problem: (check all that apply)</b>	
<input type="checkbox"/> Effluent on the ground <input type="checkbox"/> Backing up into house <input type="checkbox"/> Frequent pumping of tank (s)	
<input type="checkbox"/> Other: _____	
<b>Date System Installed:</b> _____	<b>Septic System Located:</b> _____ <small>(if facing house)</small>

*Please answer the following questions:*

1. Number of people who live in the house: Adults \_\_\_\_\_ Children: \_\_\_\_\_
2. What is your source for water? Public \_\_\_\_\_ Private \_\_\_\_\_
2. Do you have a garbage disposal: Yes \_\_\_\_\_ No \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
3. When was the septic tank last pumped? \_\_\_\_\_ How often do you have it pumped? \_\_\_\_\_
4. Do you have a dishwashing machine? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
5. Do you have a clothes washing machine? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
6. Do you have a water softener or water treatment system? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
7. Do you use an "in the tank" toilet bowl sanitizer? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are any chemicals disposed down the drain? Yes \_\_\_\_\_ No \_\_\_\_\_  
(paints, thinners, etc...) What types: \_\_\_\_\_
9. Have any new water using fixtures been added since the system was installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
(spas, whirlpools, etc.) What types: \_\_\_\_\_
10. Do you have an underground lawn watering system? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Has any site work been done to the house since you moved in? Yes \_\_\_\_\_ No \_\_\_\_\_  
(gutter drains, foundation drains, landscaping, etc. ) What types: \_\_\_\_\_
12. Are there any underground utilities on you lot? Yes \_\_\_\_\_ No \_\_\_\_\_  
What type: Power \_\_\_\_\_ Phone \_\_\_\_\_ Cable \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_

By signing this request, I agree the information submitted is true and give Union County Environmental Health permission to access my property for the investigation of a repair.

Signed: \_\_\_\_\_ Date \_\_\_\_\_