

PERMIT # _____

JONES COUNTY REPAIR CONSTRUCTION AUTHORIZATION APPLICATION

Date existing system was installed _____ Original Permit Number _____
In whose name was it installed _____

Applicant: _____ **Daytime Phone:** () _____

Current Mailing Address: _____

Property Owner (If different from applicant) _____

Owner's Mailing Address: _____ **Daytime Phone:** () _____

Location of Property (Street Address): _____ **State Road #** _____

(If Applicable) Subdivision Name: _____ **Phase:** _____ **Lot:** _____

PIN Number: _____ - _____ - _____

Date Property Deeded & Recorded: ____/____/____

Property Size: ____ Acres

<input type="checkbox"/> Single Family Residence	Existing House or Mobile Home	Washing machine <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Multi-Family Residence	# of Bedrooms _____	Basement <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (specify) _____	# of Occupants/People _____	(If yes, are plumbing fixtures in basement?) <input type="checkbox"/> Yes <input type="checkbox"/> No
		Dishwasher <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Supply Source (Check One)

Private well

Public Water (County Water)

Other (Please specify) _____

Do any of the following items exist today on your property?
(If yes, please show them on a site plan.)

Yes No **Other Septic Systems**

Yes No **Easements or Rights-of-way**

Yes No **Wells, springs or existing water lines**

Yes No **Designated Wetlands**

LIST ALL Previous Owners. (A list may be obtained from the Tax Office):

Directions to Property: (Please be specific)

I have read this application. Authorized county and state officials are granted rights of entry to conduct necessary inspections to determine compliance with applicable rules. I understand that I am responsible for the identification and labeling of all property lines and make the site accessible so that a soil site evaluation can be performed.

Signature _____ **Date** _____
(Realtor or other designated representative of the owner shall provide written documentation of representation)

(Please complete the back of this form)

Please answer the following questions to help us give you the best repair possible.

1. What happens when you have a problem with your septic tank system? _____

2. When did you first notice the problem? _____
3. Does the problem seem to be linked to a specific event such as washing clothes, heavy rains, company coming over, etc.? _____

4. When was your septic tank last pumped? _____
5. How often do you have it pumped? _____
6. Are there any underground utilities on your lot? Yes No
If yes, please check which types:

 Power Phone Cable Gas Water
7. Is anyone in the house using a long-term prescription drug, antibiotics or chemotherapy?
 Yes No
If yes, what kinds?

8. Are any household cleaning chemicals put down the drain? Yes No
If yes, what kinds?

9. Are other chemicals (paint, thinners, etc.) disposed down the drain? Yes No
If yes, what kinds?

10. Have any new water using fixtures been added since the septic system was installed?
 Yes No
If yes, what kinds?

11. Has any site work been done to the house since you moved in, such as underground gutter drains, basement or foundation drains, landscaping, etc.? Yes No
If yes, describe

