

**OFFICE USE ONLY**

FEE: \$50.00

PAID: \_\_\_/\_\_\_/\_\_\_ INITIALS: \_\_\_\_\_

PERMIT # \_\_\_\_\_

**JONES COUNTY REPAIR CONSTRUCTION AUTHORIZATION APPLICATION**

Year 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

- Single Family Residence
- Multi-Family Residence
- Other (specify) \_\_\_\_\_

**Existing House or Mobile Home**

# of Bedrooms \_\_\_\_\_

# of Occupants/People \_\_\_\_\_

Washing Machine  Yes  No

Basement  Yes  No

If yes, are plumbing fixtures in basement?  Yes  No

Dishwasher?  Yes  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**

**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 chemical 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 \_\_\_\_\_  
\_\_\_\_\_