

DURHAM COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
414 EAST MAIN STREET
DURHAM, NC 27701

APPLICATION FOR WELL AND SEPTIC TANK REPORT

Requested report is for _____ resale _____ refinancing of this house.

WELL REPORT ONLY _____ SEPTIC TANK REPORT ONLY _____ BOTH _____

Current owner _____ City _____ Phone _____

Property Address _____

Specific Directions _____

Tax Map _____ Block _____ Lot _____ Acres _____ Lot Dimensions _____

Year Home Constructed _____ Builder _____ Original Owner _____

Is the Home Occupied? _____ Vacant? _____ Number of Bedrooms _____

APPLICATION FOR WELL REPORT*

(Not Applicable for Community Wells or Municipal Water)

Type of water supply well: Drilled _____ Dug _____ Bored _____ Spring _____ Other _____

How many wells are on the property? _____ How many wells supply the home? _____

Are there other homes/businesses connected to the well? _____ Explain _____

Is the well serving this residence on the same property as the home? _____

Is an outside spigot available to collect the water sample? _____

Has the well been chlorinated within the past 30 days? _____

Has the well water been tested previously? _____ If yes, how many samples? _____

Were any of the samples positive for coliform bacteria? _____

Does the home have a chlorinator or other water treatment facility? _____

If yes, explain _____

Has the well water ever been tested for chemical and mineral quality? _____

If yes, when? _____

Have there been any of the following problems with the water supply system?

Positive (contaminated) sample results for coliform bacteria? _____

Water becoming cloudy or turbid following periods of rainfall? _____

Discoloration in water or staining of plumbing fixtures? _____

Taste and/or odor problems? _____

Yield too low to adequately supply the home? _____

Does the well casing extend above the ground 12 inches? _____

Is there a well slab 4 inches thick extending 2 feet in all directions from the well casing? _____

Have repairs been made to the well? _____ If yes, describe _____

Were the repairs permitted and approved by the health department? _____

Well is locating in: Front _____ Rear _____ Side _____ of the home.

Is municipal water available to this address? _____

APPLICATION FOR SEPTIC TANK REPORT**

Type of septic tank system: Conventional____ Sandfilter____ Seepage Bed____
Pump Conventional____ Low Pressure____ Other (specify)_____

Home is connected to: Private Well____ Community Well____ Municipal water____

Are there other homes/businesses connected to the septic tank system? _____

If yes, explain_____

Does the home have: Washing Machine____ Garbage Disposal____

Is there any other water using fixtures? _____ If yes, what? _____

Have there been any of the following problems with the septic tank system:

Wastewater (sewage, wash. Machine, etc.) surfacing on the ground?_____

Wastewater backing up in the plumbing fixtures? _____

Odors in the area of the septic tank system? _____

Heavy vegetation growing in the area of the septic tank system? _____

Soft or spongy ground in the area of the septic tank system? _____

How many times has the septic tank been pumped? _____ When was it last pumped? _____

Have repairs, alterations, or extensions been made to the septic tank system? _____

If yes, what: _____

Were the repairs, alterations, or extensions permitted and approved by the health dept.? _____

The septic tank system is located in the Front____ Rear____ Side____ of the home.

Is municipal sewer available to this address? _____

I hereby certify the information supplied herein is true and accurate to the best of my knowledge. I understand the evaluation by the health department shall not be taken as a guarantee that the well/septic system will function in a satisfactory manner for any specified period of time. The health department assumes no liability for any damages as a result of a malfunction of such systems.

I hereby waive any claim for damages that may result from any evaluation performed pursuant to this Application.

WELL AND SEPTIC TANK REPORTS ARE NOT A REQUIREMENT OF THE DURHAM COUNTY HEALTH DEPARTMENT. NO LAW, RULE, OR REGULATION REQUIRES THAT A WELL AND SEPTIC TANK REPORT BE COMPLETED.

Date: _____ Owner: _____

Mail Report To: _____

* All wells inspected for reports of water quality will be tested for chlorine content. Any well that is found to have been chlorinated immediately prior to inspection will be reported as such and any statement of water quality will be reported as "inaccurate".

** Although the Durham County Health Department recommends that residential septic tanks be pumped every 3-5 years, any septic tank system on which a report is requested, that is found to have been pumped immediately prior to inspection, will be reported as such and any statement of system performance will be either "malfunctioning" or "inconclusive" depending on findings.