

Repair History Questionnaire



1. How old is the house? _____ years

2. How old is the current septic system? _____ years

3. Are people currently occupying the house? Yes No

If yes, how long? _____

4. How many occupants are in the house?

Number of adults _____ Number of children _____ Age(s) _____

5. What type of problem is occurring? (Check all that apply)

Backing up into house? If yes, how many fixtures are backing up or clogging?

Wet spot in yard? Yes No

Other: _____

6. How long has the problem been occurring? _____

7. When was the last time the septic tank was pumped? _____

How often is the tank serviced? _____

8. Is the plumbing in good repair? Yes No

Are there leaking fixtures or toilets that "keep running" or "hang-up"? Yes No

9. Do you do laundry at home? Yes No

If yes, how often do you do laundry?

1-2 days per week

3-4 days per week

5-6 days per week

7 days a week

How many loads of laundry are done per day? _____

10. Do you use one or more of the following? (Check all that apply)

a garbage disposal

a water softener

Ridex or a similar septic tank additive

caustic cleansers

an irrigation system

11. Do you flush any of the following items down the toilet? (Check all that apply)

baby wipes

feminine hygiene products

paper towels

non-biodegradable products (cigarette butts, etc.)

Please include any additional comments or information here or on a separate sheet of paper:

Septic System Repair Instructions:

Please check which applies to your failing septic system:

Sewage backing up into the house

Wet area in yard (sewage on the ground surface)

Other: Please explain: _____

The following must be done prior to an Environmental Health Specialist making a site visit:

- A completed application, site sketch showing drainfield, wells, house, driveway, etc. and a plat of the property must be submitted
- Both lids of the septic tank must be uncovered and loosened (pumping the tank is recommended)
- Distribution box must be uncovered and lid loosened
- "Miss Utility" (1-800-552-7001) must be called and/or any private utilities, to mark all underground utilities (Miss Utility will not mark private underground lines; a private line marking company will need to be contacted), retain confirmation number(s)

Once the above items have been completed, please call your local health department:

Charles City County Health Department
7501 Adkins Rd.
Charles City, VA 23030
Phone (804) 829-2490 Fax (804) 829-6702

Goochland County Health Department
P.O. Box 178
Goochland, VA 23063
Phone (804) 556-5843 Fax (804) 556-3707

Hanover County Health Department
12312 Washington Highway
Ashland, VA 23005-7646
Phone (804) 365-4343 Fax (804) 365-4363

New Kent County Health Department
P.O. Box 86
New Kent, VA 23124
Phone (804) 966-9640 Fax (804) 966-9640

Advise a Health Department Representative that all the requirements have been met. An Environmental Health Specialist will schedule a site visit to determine the cause of the failure and possible solutions.

Office use only: _____
Confirmation Date

_____ Confirmation #

Your signature below will confirm that the above requirements have been explained and are understood. If you have any questions, please contact your local office.

Signature of Owner/Agent

Date Signed