

**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.