



**CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT**  
***DIVISION OF ENVIRONMENTAL HEALTH***  
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[www.chathamnc.org/environmentalhealth](http://www.chathamnc.org/environmentalhealth)

### Homeowner Interview Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_  
\_\_\_\_\_ (W) \_\_\_\_\_  
Subdivision Name \_\_\_\_\_ Lot# \_\_\_\_\_ (C) \_\_\_\_\_

Installer of System: \_\_\_\_\_ The Year System Was Installed: \_\_\_\_\_  
Septic Tank Pumper: \_\_\_\_\_ Name of Original Property Owner: \_\_\_\_\_

1. Number of people who live in the house: \_\_\_\_\_ How many adults: \_\_\_\_\_ How many children: \_\_\_\_\_
2. What is your average daily water usage? \_\_\_\_\_
3. Do you have a garbage disposal? Yes \_\_\_ No \_\_\_ How often do you use it? \_\_\_\_\_
4. When was the septic tank last pumped? \_\_\_\_\_ How often do you have it pumped? \_\_\_\_\_
5. Do you have a dishwashing machine? Yes \_\_\_ No \_\_\_ How often do you use it? \_\_\_\_\_
6. Do you have a clothes washing machine? Yes \_\_\_ No \_\_\_ How often do you use it? \_\_\_\_\_
7. Do you have a water softener or water treatment system? Yes \_\_\_ No \_\_\_  
Where does it drain? \_\_\_\_\_
8. Do you use an "in the tank" toilet bowl sanitizer? Yes \_\_\_ No \_\_\_
9. Are any household cleaning chemicals put down the drain? Yes \_\_\_ No \_\_\_  
What kinds? \_\_\_\_\_
10. Are any chemicals (paints, thinners, etc.) disposed down the drain? Yes \_\_\_ No \_\_\_  
What kinds? \_\_\_\_\_
11. Have any new water using fixtures been added since the system was installed? Yes \_\_\_ No \_\_\_  
List plumbing fixtures (spas, whirlpools) other than sinks, lavatories, bath/showers & toilets: \_\_\_\_\_  
\_\_\_\_\_
12. Do you have an underground lawn-watering system? Yes \_\_\_ No \_\_\_
13. Has any site work been done to the house since you moved in, such as underground roof gutter drains, basement/foundation, drains, landscaping, etc.? Yes \_\_\_ No \_\_\_ What kinds? \_\_\_\_\_
14. Are there any underground utilities on your lot? Yes \_\_\_ No \_\_\_ Check which types: Power \_\_\_ Phone \_\_\_ Cable \_\_\_ Gas \_\_\_ Water \_\_\_
15. When did you first notice the problem? \_\_\_\_\_ Describe what happens when you have a problem with your septic tank system. \_\_\_\_\_  
\_\_\_\_\_
16. Does the problem seem to be linked to a specific event (washing clothes, heavy rains, company coming over, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

L. Layton Long, Jr., MSA, REHS  
Public Health Director