HARNETT COUNTY HEALTH DEPART ENVIRONMENTAL HEALTH SECT Applied for 1/25-30286) 307 W. CORNELIUS HARNETT BL a Migraret Inspection Denning Red LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX	
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HARNETT COUNTY HEALTH DEPART ENVIRONMENTAL HEALTH SECT	IMENT ION
applied for Denning Edullington, NC 27546	VD.
a Migrant inspection 910-893-7547 PHONE	35 10 W 00 ina
(Kerneth Weeks conhactor) Application for Repa	ir
be Remain	
EMAIL ADDRESS:	
NAME Lidley LANGON PHONE NUMBER	90-897-5788
PHYSICAL ADDRESS 1226 Festus Rd COALS N.C	
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) 316 DENNING Rd	Angier 27501
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME Duckey Land	rdon
1.26 acres Fastur	Rd: 1,26 Acq
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY	
Type of Dwelling: [] Modular [] Mobile Home #Stick built [] Other_	
Number of bedrooms	P 2005 - 1039
Garage: Yes[]No[] Dishwasher: Yes[]No[]	Garbage Disposal: Yes[]No[]
Water Supply: [] Private Well [] Community System	
Directions from Lillington to your site: From CoAls 27 towned	Benson. Ind
Kond to left (Festus Rd) last House	on Ruft (1206)
before Ebezener Church Rd	3.
In order for Environmental Health to help you with your repair, you will need to o	comply by completing the following:
 A <u>"surveyed and recorded map"</u> and <u>"deed to your property"</u> must be attached to wells on the property by showing on your survey map. 	
 The outlet end of the tank and the distribution box will need to be uncovered and uncovered, property lines flagged, underground utilities marked, and the orange s 	property lines flagged. After the tank is ign has been placed, you will need to call
us at 910-893-7547 to confirm that your site is ready for evaluation. Your system must be repaired within 30 days of issuance of the Improvement Permit or t	
letter. (Whichever is applicable.)	ne time set within receipt of a violation

By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership changes.

Signature Joyn

12.19-2012

Date

12/19/12/

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

Have you received a violation letter for a failing system from our office? [] YES [] NO Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO
Year home was built (or year of septic tank installation)
Designer of System
1. Number of people who live in house?# adults# total 2. What is your average estimated daily water usage? gallons/month or day county water. If HCPU please give the name the bill is listed in Angular.
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? \(\begin{aligned} \frac{18.2812}{200} \end{aligned} \] 5. If you have a dishwasher, how often do you use it? [] daily [4] every other day [] weekly
6. If you have a washing machine, how often do you use it? [daily [] every other day [] weekly [] monthly 7. Do you have a water softener or treatment system? [] YES [NO Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [NO
 Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [NO If yes please list
10. Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [] NO
12. Have you installed any water fixtures since your system has been installed? []YES[]NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets
13. Do you have an underground lawn watering system? [] YES [] NO
14. Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list
15. Are there any underground utilities on your lot? Please check all that apply:
[Power [Phone [] Cable [] Gas [Water 16. Describe what is happening when you are having problems with your septic system, and when was this
first noticed? DRAM field Brekup / Over Srown Shows
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [] YES [] NO If Yes, please list