HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

NAME BOOLO	D+ Mancy WEda	EMAIL ADDRESS:	7-8945-039
PHYSICAL ADDRESS	39 70 Sew nor	Lane. Cont	Ma number
MAILING ADDRESS (IF	DIFFFERENT THAN PHYSICAL)	(Arra) cours	162332
IF RENTING, LEASING,	ETC., LIST PROPERTY OWNER NAME		
	7		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: []	Modular Mobile Home	[] Stick built [] Other	5
Number of bedrooms _	[] Basement		
Garage: Yes[]No[]	Dishwasher: Yes	No[]	Garbage Disposal: Yes [] No [4]
Water Supply: [] Priva	ate Well [] Community Syst	tem Neounty	
Directions from Lillingto	on to your site: Dots Hur	42 H through	Goats lett on
Celvenezer	Church Rx to	39 Rosewoo	Long Conta
			o constant
n order for Environme	ental Health to believe 'at		
1. A <u>"surveyed</u> and	ental Health to help you with your red d recorded map" and "deed to your pro	epair, you will need to comply	by completing the following:
wells on the pro-	perty by showing on your survey man	berty must be attached to this a	pplication. Please inform us of any
Ine outlet end o	of the tank and the distribution hav will r	need to be uncovered and proper	ty lines flagged After the control
uncovered, prop	erty lines flagged, underground utilities	marked, and the orange sign has	been placed, you will need to call

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation letter. (Whichever is applicable.)

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

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)
Septic Tank Pumper Designer of System
1. Number of people who live in house?# adults# children# tota 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
 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? How often do you have it pumped? 5. If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly [] monthly 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?
 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 [X] NO
drains, basement foundation drains, landscaping, etc? If yes, please list of one
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
ilist noticed?
No Problems with buck up / Top of TANK Crumble & IN
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_