

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
307 CORNELIUS HARNETT BLVD.  
LILLINGTON, N.C. 27546  
910-893-7547 phone  
910-893-9371 fax

APPLICATION FOR REPAIR

Tamra Shawcross (919) 567-9428  
NAME PHONE # (home) PHONE # (work)  
119 Kingsbrook Circle Ferguson Marina 27526  
ADDRESS MAILING ADDRESS IF DIFFERS

IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME

Forest Trails B .5 acre  
SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT

Type of dwelling  Modular  Mobile Home  Stick Built  Other \_\_\_\_\_

Number of bedrooms  1  2  3  4  or more - Basement with plumbing  Yes  No

Garage  Yes  No - Dishwasher  Yes  No - Garbage Disposal  Yes  No

Water Supply:  Private Well  Community System  County

Directions from Lillington to your site:

OFF Christian Light Road

In order for Environment Health to help you with your repair you will need to comply by doing the following:

1. A surveyed and recorded map and deed to your property must be attached to this application along with a site plan showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.
2. The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered, property lines are marked and orange sign has been placed, you will need to call us at 893-7547 or 893-7548 to let us know that it is ready.
3. The system must be repaired within 30 days or the set time within receipt of a violation letter.

This certifies 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 change.

Tamra Shawcross April 27 2005  
Signature Date

## 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 letter for a failing septic system from our office?  YES  NO

Also, within the last 5 years have you completed an application for repair for this site?  YES  NO

Installer of system \_\_\_\_\_  
Septic Tank Pumper \_\_\_\_\_  
Designer of System \_\_\_\_\_

1. Number of people who live in house? \_\_\_\_\_ # adults \_\_\_\_\_ # children \_\_\_\_\_ # total
2. What is your average estimated daily water usage? \_\_\_\_\_ gallons/month or day \_\_\_\_\_ county water  
**If HCPU please give the name that the water bill is listed in?** \_\_\_\_\_
3. If you have a garbage disposal, how often is 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
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
9. Are you or any member in your family using long term prescription drug(s), 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  
If yes, what kind? \_\_\_\_\_
12. Have you installed any water fixtures since your system has been installed?  YES  NO If yes, please list  
any additions including any spas, whirlpools, 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 your initial move, such a roof, gutter drains, basement  
foundation drains, landscaping, etc?  YES  NO If yes, please list \_\_\_\_\_
15. Are there any underground utilities on your lot?  YES  NO  
**Please check all that apply**  Power  Phone  Cable  Gas  Water
16. Describe what is happening when you have problems with your septic system and when was it first  
noticed. \_\_\_\_\_  
\_\_\_\_\_
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,  
household guests)?  YES  NO If yes, please list \_\_\_\_\_