## HARNETT COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH SECTION
307 W. CORNELIUS HARNETT BLVD. DO NOT MAIL

LILLINGTON, NC 27546

910-893-9371 FAX
Application for Repair

		EMAI	LADDRESS: OV	ablemi	@yahoo.com
M. Kin	ndleine				,
NAME Mi Kim	Adicins		ENUMBER 919		
PHYSICAL ADDRESS	Camden et	. East	Sanford	I, NC	27332
MAILING ADDRESS (IF DIFFFEREN	0	• /			
IF RENTING, LEASING, ETC., LIST	10 bern	11			
Highland Fores	No perm Needed				
SUBDIVISION NAME	See conner	A STA	TE RD/HWY		SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	/ /	ick built	[ ] Other	~ \	
Number of bedrooms 3	[] Basement				
Garage: Yes No[]	Dishwasher:	Yes [/] No [ ]		Garbage Di	sposal: Yes 🕅 No []
Water Supply: [] Private Well	[] Communit	y System	[] County		
Directions from Lillington to your	site: take	27 West	make	left	on
Ti	ngen Rd.	make le	ft on A	lpine	
Y	ralee a	+ 6	Highlan	1 For	est
	,	on to	0		
1. A <u>"surveyed and recorde</u> wells on the property by s 2. The outlet end of the tank uncovered, property lines us at 910-893-7547 to cor Your system must be repaired wit letter. (Whichever is applicable.)	alth to help you with you mith you map" and "deed to you showing on your survey it and the distribution bo a flagged, underground unfirm that your site is re	your repair, you wi ur property" must b map. x will need to be und tilities marked, and to ady for evaluation.	Il need to comply e attached to this a covered and proper the orange sign has	y by comple application. F rty lines flags been placed	ting the following: Please inform us of any ged. After the tank is I, you will need to call
By signing below, I certify that all the denial of the permit. The perm	of the above informatio	n is correct to the bo	est of my knowled; tended use, or ow	ge. False info	ormation will result in
Ki Adli					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature		2/10	Date		
				6	1/21/11

## 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 [X] 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) 2005Installer of system Septic Tank Pumper Designer of System Number of people who live in house?
 What is your average estimated daily water usage?

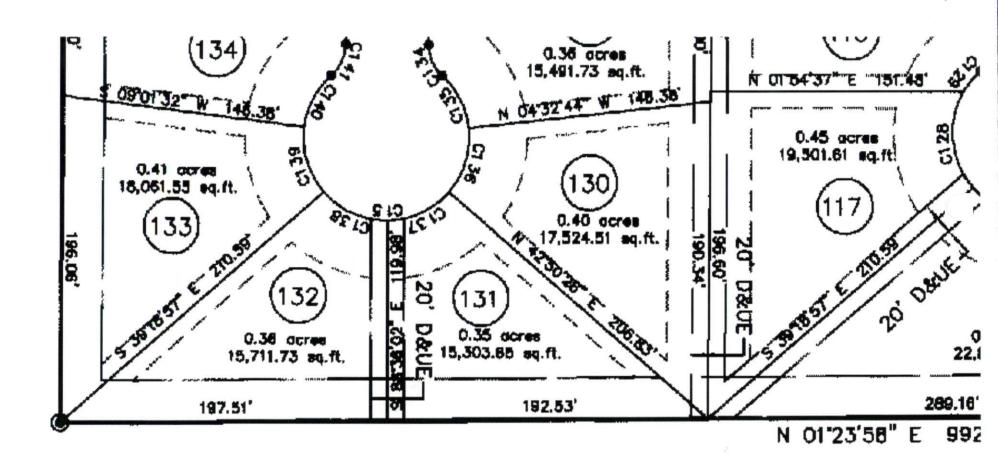
# adults
gallons/month or day water. If HCPU please give the name the bill is listed in 3. If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly
4. When was the septic tank last pumped? Feb 16 201 How often do you have it pumped? \_ 5. If you have a dishwasher, how often do you use it? [ ] daily [ ] every other day [X] 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 [X] NO 9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [X] YES [ ] NO If yes please list 10. Do you put household cleaning chemicals down the drain? [ ] YES [X] 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 [ XNO 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? there was a hole by the pipe on/ water in the hole.

the toilet kept backing up for few days.

17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy

when we use the downstring bathroom

rains, and household guests?) [X] YES [ ] NO If Yes, please list



R/W

OF SOUNS PERMIT  Tax ID #  OF SOUNS PERMIT  New Installation  PSe  Repairs  Lot #  Quadrant #	and the second
	Called the country of the transfer of
Tax ID # Quadrant # Registration # Cha-	
ply:	2 (100 mag) (100
tem: Conventional Other Conventional Septic Tank: Septic Tank: gallons Pump Tank: gallons  No. of the septic Tank: ft. width of ditches ft. ditches	of s in
NO. 20.610  Date: 09.03 of the control of the contr	th Specialist
	+ 2,2