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

	EMAIL ADDRESS: Markallen arnold@gnail.com
NAME Mark Arnold	PHONE NUMBER 919-602-8070
PHYSICAL ADDRESS 224 Wade Stephens	on Rd Holly Springs NC 27540
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)	
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME_	
SUBDIVISION NAME LOT #/TRACT #	STATE RD/HWY SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home	[] Stick built [] Other Brick
Number of bedrooms 4 [] Basement	
Garage: Yes [No [] Detached Dishwasher: Yes	[/] No [] Garbage Disposal: Yes [] No []
Water Supply: [] Private Well [] Community Sys	Stem
Directions from Lillington to your site: Hwy 401 - L	self on Christian Light Rd - Laft onto
Cokosbury Rd - Left unto Wade	Stephenson Rd - 3rd drivergy on
the right (1/2 mile)	
 A <u>"surveyed and recorded map"</u> and <u>"deed to your p</u> wells on the property by showing on your survey map The outlet end of the tank and the distribution box wi uncovered, property lines flagged, underground utiliti us at 910-893-7547 to confirm that your site is ready Your system must be repaired within 30 days of issuance of the letter. (Whichever is applicable.) 	Il need to be uncovered and property lines flagged. After the tank is es marked, and the orange sign has been placed, you will need to call for evaluation. The Improvement Permit or the time set within receipt of a violation correct to the best of my knowledge. False information will result in
Signature	Doto
2.0.10.00.0	Date

Fall Gircle Environmental ZACH Woody 919-492-5000

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 INO Also, within the last 5 years have you completed an application for repair for this site? IYES []NO
Year home was built (or year of septic tank installation) ZOIG Installer of system Full Circle Environmental Septic Tank Pumper Full Circle Environmental Designer of System Not Syn ?
1. Number of people who live in house? 5 # adults # children 5 # 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 (\Omega ark \ark \ark \ark \ark \ark \ark \ark
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly NA 4. When was the septic tank last pumped? How often do you have it pumped?
 8. Do you use an "in tank" toilet bowl sanitizer? [] YES [] NO 9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [] NO If yes please list
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES J NO 12. Have you installed any water fixtures since your system has been installed? [] YES J 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 YTNO 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 NO
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 the first noticed? Wet spot on drain Gield - noticed in July 2019
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