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 Pat M. Cur		PHONE NUMBER 9/	arost g. uac	1260 yaha		
			/ / / -/	1204		
PHYSICAL ADDRESS 9494 1	1027 Wes	T KILL	INGTO	NINC		
MAILING ADDRESS (IF DIFFFERENT THAN	PHYSICAL)			21578		
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME						
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY NC	27	SIZE OF LOT/TRACT		
Type of Dwelling: [] Modular [] N	Mobile Home HStick	built [] Other				
Number of bedrooms[] Bas	sement					
Garage: Yes [No]	Dishwasher (Yes) No []		Garbage Disp	oosal: Yes [No [
Water Supply: [] Private Well	[] Community System	County		_		
Directions from Lillington to your site:	AKE 210	to Hig	hWAY	27		
down to 949	74 NC27	WEST	ON	the		
Right (big	farm gat	e out	FRU	07		
U	. 0					

In order for Environmental Health to help you with your repair, you will need to comply by completing the following:

- 1. A <u>"surveyed and recorded map"</u> and <u>"deed to your property"</u> must be attached to this application. Please inform us of any wells on the property by showing on your survey map.
- 2. The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank is uncovered, property lines flagged, underground utilities marked, and the orange sign 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 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

123/2020 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 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 PHOC Year home was built (or year of septic tank installation) Installer of system Septic Tank Pumper Designer of System 1. Number of people who live in house? # 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 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? 2019 How often do you have it pumped? 5. If you have a dishwasher, how often do you use it? [] daily [] every other day 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 [4] 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 household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [LINO If yes please list 10. Do you put household cleaning chemicals down the drain? [] YES [L] 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 100 of 100 less Significant forms of the second drains of the 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? 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___



DATE 11-23-2020

370 Thomas Kelly Road • Sanford, NC 27330

coxsepticandgrading@gmail.com

Pat Cartis 9494 Huy 27 w Lillington NC

A 11/2% LATE FEE WILL BE CHARGED ON ALL ACCOUNTS OVER 30 DAYS.

QUANTITY	DESCRIPTION	AMOUNT
_	Checked leach lines, grand	
	System, 2 lines, no d-box,	
_	Water level is higher than outles	
	in tout, water is sunfacing on	
	Top line, bottom line is	
	Full but not surfacing. Reccomended to contact	
	Harnett envira health dept.	
	Thank You! TOTAL \ [50	~ 52