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:	
pnamana	ger1@gmail.com			
NAME_LISA CORBETT	PHONE NUMBER	910-890-2108		
PHYSICAL ADDRESS2889 SPRING HILL	CHURCH ROAD LILLING	TON NC 27546		
MAILING ADDRESS (IF DIFFFERENT THAN P	HYSICAL)			
IF RENTING, LEASING, ETC., LIST PROPERTY	OWNER NAME)
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	r s	ZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mo	bile Home [X]	Stick built [] Other		
Number of bedrooms2_ [] Base	ment	•	t in this	
Garage: Yes [] No [X] Disposal: Yes [] No [X]	Dishwasher:	Yes [X] No []	time or	Garbage
	[] Community System	[X] Coun	ty	
Directions from Lillington to your site: M	blopped -	Rd to	Spring Hil	Ch Rd
Directions from Lillington to your site: M	7111 - 15	brick	nome or	right
In order for Environmental Health to he	lp you with your rep	air, you will need to	comply by completi	ng the following:
1.The outlet end of the tank and the distribution uncovered, property lines flagged, undergrog 910-893-7547 to confirm that your site is re Your system must be repaired within 30 da	und utilities marked, and adv for evaluation.	nd the orange sign has	been placed, you will i	need to call us at

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 12/10/2020

letter. (Whichever is applicable.)

A Home currently being renovated - not occupied at this time

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.

	-	ceived a violation letter for a failing system from our office? [] YES [X] NO the last 5 years have you completed an application for repair for this site? [] YES [X] NO	
Inst Sep	aller o tic Tan	vas built (or year of septic tank installation)1970 ystemPumper	
Des	igner o	System	
	1. Nu	ber of people who live in house?2# adults1# children3# total	
X		t is your average estimated daily water usage?gallons/month or daycounty er. If HCPU please give the name the bill is listed inLISA CORBETT	
	4. W	I have a garbage disposal, how often is it used? []daily [] weekly [] monthly n was the septic tank last pumped?	
		have a dishwasher, how often do you use it? [] daily [] every other day [X]	
		I have a washing machine, how often do you use it?[]daily[X] every other day[]weekly[]monthly ou have a water softener or treatment system?[]YES[X]NO Where does it drain?	1
,	8 Do	ou use an "in tank" toilet bowl sanitizer? [] YES [X] NO	
	9. Are	rou or any member in your household using long term prescription drugs, antibiotics or notherapy?] [] YES [X] NO If yes please list	
	10: Do	ou put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind?	
	— 11. Ha	you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO	
	12. Ha ple	you installed any water fixtures since your system has been installed? [X] YES [] NO If yes, se list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets	
		House currently being renovated. Unoccupied at this time.	
	13. Do	ou have an underground lawn watering system? [] YES [x] NO	
	14. Ha: dra	iny work been done to your structure since the initial move into your home such as, a roof, gutters, basement foundation drains, landscaping, etc? If yes, please Landscaping	r
;		here any underground utilities on your lot? Please check all that apply: [x] Power[] Phone[] Cable[] Gas[] Water	
:		ribe what is happening when you are having problems with your septic system, and when was the noticed?	is

L7. Do you notic	e the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy
rains, and ho	ousehold guests?) [] YES [x] NO If Yes, please list