## 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**

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NAME Ken Dalt  PHYSICAL ADDRESS / S R  MAILING ADDRESS (IF DIFFFERENT  IF RENTING, LEASING, ETC., LIST PRO	THAN PHYSICAL)		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[ ] Mobile Home	Stick built [] Other	
Number of bedrooms	Basement		
	Dishwasher: Yes [1]	No [] Ga	rbage Disposal: Yes [] No [9
Water Supply: [] Private Well	[ ] Community Syste	em [l/County	
Directions from Lillington to your s	ite: Legacy at	Rawls subdivi	sion - off of
In auday for Environmental Hard	th to halp you with your	engir you will need to comply b	y completing the following:
wells on the property by sh 2. The outlet end of the tank	map" and "deed to your pronowing on your survey map. and the distribution box will	need to be uncovered and property smarked, and the orange sign has b	lication. Please inform us of any lines flagged. After the tank is

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

2-23-2021