

01-2000411

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 27546
APPLICATION FOR REPAIR

DATE 4-2-01

NAME DORCAS FAMILY CARE TELEPHONE NO. 910 899 3500

911 ADDRESS (current) 637 ~~147~~ RED HILL CHURCH RD.

* ~~911~~ PROPERTY OWNER JOHN WILKINS & ELIZABETH WILKINS *

SUBDIVISION NAME _____ LOT NO. _____

STATE ROAD NAME RED HILL CHURCH RD. STATE ROAD NO. _____

LOCATION OF PROPERTY:

SIZE OF LOT OR TRACT _____

DIRECTIONS 421 to Erwin turn left on Red Hill Ch. Rd. 1/2 mile, on left

Type of dwelling _____ Basement with plumbing _____
Number of bedrooms _____ Garage _____
Dishwasher YES Garbage disposal _____

WATER SUPPLY: PRIVATE WELL _____ COMMUNITY SYSTEM _____ COUNTY

1) A surveyed and recorded map must be attached to this application along with a site plan showing: 1) Location of dwelling, 2) Location of driveway, 3) Location of any wells and other existing structures. A copy of the deed must also be attached.

2) The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered and property lines are marked, you will need to call us at 893-7547 or 893-7548 and let us know that it is ready.

3) The system must be repaired in the set time of violation letter or if there is no violation letter, then it needs to be repaired within 30 days.

This certifies 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 change.

Signature of Owner or Authorized Agent ONLY [Signature]

Homeowner Interview Form

Name: DORCAS FAMILY CARE Date: 4-2-01

Address: RED HILL CHURCH RD. Phone: (H) 910 897 3500

(W) 910 897 3500

Installer of System: _____

Septic Tank Pumper: _____

Designer of System: _____

1. Number of people who live in the house: 6

How many adults: 6 How many children: _____

2. What is your average daily water usage? _____

3. Do you have a garbage disposal? NO

How often do you use it? _____

4. When was the septic tank last pumped? 3-23-01

How often do you have it pumped? TWICE IN LAST 4 MONTHS

5. Do you have a dishwashing machine? YES

How often do you use it? DAILY

6. Do you have a clothes washing machine? YES

How often do you use it? DAILY

7. Do you have a water softener or water treatment system? NO

Where does it drain? _____

8. Do you use an "in the tank" toilet bowl sanitizer? YES

9. Is any family member using a (long term) prescription drug, antibiotics or chemotherapy? _____

What kinds? _____

10. Are any household cleaning chemicals put down the drain? YES

What kinds? _____

11. Are any chemicals (paints, thinners, etc.) disposed down the drain? NO

What kinds? _____

12. Have any new water using fixtures been added since the system was installed? NO

What kinds? _____

List plumbing fixtures (like spas, whirlpools) other than sinks, lavatories, bath/showers and toilets: _____

13. Do you have an underground lawn-watering system? NO

14. Has any site work been done to the house since you moved in, such as underground roof gutter drains, basement/foundation drains, landscaping, etc.? _____

What kinds? _____

15. Are there any underground utilities on your lot? YES

Check which types:

Power _____ Phone Cable _____ Gas _____ Water _____

16. Describe what happens when you have a problem with your septic tank system.

When did you first notice the problem? ABOUT 6 MONTHS AGO

Does the problem seem to be linked to a specific event (washing clothes, heavy rains, company coming over, etc.)?

