VETT COUNTY HEALTH DEPARTMEN ENVIRONMENTAL HEALTH SECTION 307 CORNELIUS HARNETT BLVD. LILLLINGTON, N.C. 27546 910-893-7547 phone 910-893-9371 fax

APPLICATION FOR REPAIR
Levald & Johnson Juster Judy Tripp frust 910. 893-5288
NAME 2300 US 401-N Julington, 70 27546 PHONE # (work)
ADDRESS MAILING ADDRESS IF DIFFERS
TE DENITING LE ISING ETC. LICT DE OPPORT
IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME
SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT
Type of dwelling Modular Mobile Home Stick Built Other Buch House
Number of bedrooms □1 □ 2 1 3 □ 4 □or more - Basement with plumbing □Yes □No
Garage □Yes □No - Dishwasher □Yes □No - Garbage Disposal □Yes □No
Water Supply: □ Private Well □ Community System □ County
Directions from Lillington to your site: 553 Tripp Rd
In order for Environment Health to help you with your repair you will need to comply by doing the following:
1. A surveyed and recorded map and deed to your property must be attached to this application along with a site plan showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.
The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered, property lines are marked and orange sign has been placed, you will need to call us at 893-7547 or 893-7548 to let us know that it is ready.
 The system must be repaired within 30 days or the set time within receipt of a violation letter.
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 Date
Signature / Date
Give map back to Mr. Johnson
to Mr. Johnson

MEOWNER 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,

Installer of system Septic Tank Pumper Designer of System
1. Number of people who live in house? How may adults How many children
2. What is your average estimated daily water usage? gallons
3. If you have a garbage disposal, how often do you use it?
4. When was the septic tank last pumped? Last Neeh How often do you have it pumped?
5. If you have a dishwasher, how often do you use it?
6. Do you have a washing machine? How often do you use it?
7. Do you have a water softener or treatment system? Yes No Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? \(\text{Yes ENO} \)
9. Are you or any family member using long term prescription drug(s), antibiotics or chemotherapy? Yes Pro If yes, please list
10.Do you put household cleaning chemical down the drain? □Yes ⊞No If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? Yes No If yes, what kind?
12. Have you installed any water fixtures since your system has been installed? □Yes ⊡No If yes, please list any additions including any spas, whirlpools, 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 your initial move, such as roof, gutter drains, basement foundation drains, landscaping, etc.? □Yes ♠No If yes, please list
15. Are there any underground utilities on your lot? □Yes No Please check which type: □Power□Phone □Cable □Gas □Water
16. Describe what is happening when you have problems with your septic system and when it was first noticed. Full for Guld Tomple pump out
failing again - called Gerold again told him to get permit
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guest)? Yes Tho If yes, please list

