

E

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

DATE _____

NAME Johanie Norris TELEPHONE NO. _____

ADDRESS (current) _____

PROPERTY OWNER _____

SUBDIVISION NAME _____ LOT NO. _____

STATE ROAD NAME _____ STATE ROAD NO. _____

LOCATION OF PROPERTY:

SIZE OF LOT OR TRACT _____

DIRECTIONS _____

Type of dwelling _____ Basement with plumbing _____
Number of bedrooms _____ Garage _____
Dishwasher _____ 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 _____