## 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**

10		EMAIL ADDRESS:	habe pastoragnail.
NAME Wayne Olym	7	DUONE NUMBER 9	
NAME Wayne Days	11/115 421	PHONE NUMBER(	10-814-4165 1919935112
		Lillington	1
MAILING ADDRESS (IF DIFFFERENT THAN I	PHYSICAL)		
IF RENTING, LEASING, ETC., LIST PROPERTY	Y OWNER NAME		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	
Tomos of B. III		STATE RU/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mo	obile Home Stic	k built [] Other	
Number of bedrooms M Base	ment	2	
Garage, Va. Ilan an			
Garage: Yes[]No[]	Dishwasher: Yes M No []		Garbage Disposal: Yes [] No []
Water Supply: [] Private Well	[] Community System	<b>M</b> County	
Directions from Lillington to your site: 421 North, turn left onto Maners Rd.			
Take a get 1 il il			
is at the stop sign. House is on the left, the			
the second driveway, House is on the left when you kurn in			
)	13 6	on the left	when you kurn in
In order for Environmental Health to help  1. A "surveyed and recorded map" and	you with your repair.	Ou will need to some	
A <u>"surveyed and recorded map"</u> and wells on the property by showing o	"deed to your property"	must be attached to this	by by completing the following:
wells on the property by showing on 2. The outlet end of the tank and the	your survey map.	to tri	application. Please inform us of any
<ol><li>The outlet end of the tank and the dis uncovered, property lines flagged, un</li></ol>	tribution box will need to	be uncovered and prop	erty lines flagged. After the tank is
us at 910-893-7547 to confirm that		y and the orange sign h	as been placed you will pood to sall
Your system must be repaired within 30 days letter. (Whichever is applicable.)	of issuance of the Improve	rtion. ement Dermit or the ti-	
retter. (Whichever is applicable.)	, , , , , , , , , , , , , , , , , , ,	remit or the tir	ne set within receipt of a violation
By signing below, I certify that all of the above	information !		
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.			
	are site p	ian, intended use, or ov	vnership changes.

1-21-15 H200 Date

## 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. Have you received a violation letter for a failing system from our office? [ ] YES [ ] NO Also, within the last 5 years have you completed an application for repair for this site? [ ] YES [ ] NO Installer of system Septic Tank Pumper Designer of System 1. Number of people who live in house? Z\_# adults 2. What is your average estimated daily water usage? \_\_\_\_\_gallons/month or day # total water. If HCPU please give the name the bill is listed in\_\_\_ 3. If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly 4. When was the septic tank last pumped? \_\_\_\_\_How often do you have it pumped? \_\_\_\_ 5. If you have a dishwasher, how often do you use it? [/] daily [ ] every other day 6. If you have a washing machine, how often do you use it? [ daily [ ] every other day [ ] weekly [ ] monthly 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? [ ] YES [ ] NO 9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [ ] YES [ ] NO If yes please list 10. Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kind? 11. Have you put any chemicals (paints, thinners, etc.) down the drain? [ ] YES [ ] NO 12. Have you installed any water fixtures since your system has been installed? [ ] YES [ ] NO If yes, please list any additions including any spas, whirlpool, 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 the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list\_ 15. Are there any underground utilities on your lot? Please check all that apply: [ ] Power [ ] Phone [ ] Cable [ ] Gas [ ] Water 16. Describe what is happening when you are having problems with your septic system, and when was this 17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy broken; loose block on one side