HARNETT COUNTY HEALTH DEPARTMENT 1980'S

ENVIRONMENTAL HEALTH SECTION

307 CORNELIUS HARNETT BLVD. PC# E Slide 67-D(Map)

LILLINGTON, NC 27546
910-893-7547 PHONE
910-893-9371 FAX
DB. 286 - Pg. 390

APPLICATION FOR REPAIR

Michael 2	Stell	INP +	
NAME	0700	PHO	NE # (HOME) PHONE # (WORK/CELL
18412 HWI	24 We		meron) NC
ADDRESS C	Street	V	ING ADDRESS IF DIFFERS
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME		
SUBDIVISION NAME		ATE RD NAME & #	SIZE OF LOT OR TRACT
Type of dwelling ☐ Modular ☒ N	lobile Home 🗆 Stick built 🗆 Ot	her	
Number of bedrooms \checkmark	□ Basement C		
Garage □ Yes ☒ No Di	shwasher □ Yes ☑ No	Garbage Dis	posal □ Yes 🂢 No
Water Supply: ☐ Private Well	☐ Community System	☑ County	
Directions from Lillington to your	site: TAKE Hw.	1 27	west to
Johnson ville	School Ho	ouse l'e	fight in
front of.	Johnson ville	school.	3
Blue + Whit	shire h	20)	shis hand side
n order for Environmental Health ollowing:	to help you with your repair you	will need to com	ply by completing the
location of any wells and 2. The outlet end of the tank	ded map" and "deed to your prong a site plan showing (a) location other existing structures. and distribution box will need to lead t	or aweiling (b) local	tion of driveway (c)
010 000	onmental Health know that		

3. The system must be repaired within 30 days or the time set within receipt of a violation letter.

910-893-7547 to let Environmental Health know that your site is ready for evaluation.

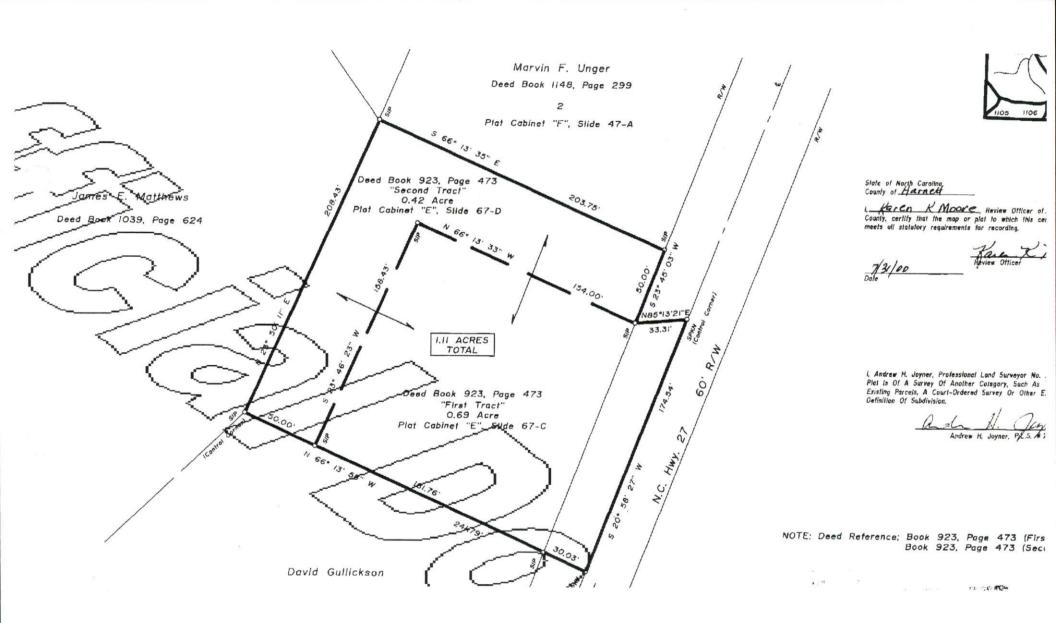
By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership change.

3/18/10

HOMEOWNER INTERVIEW FORM

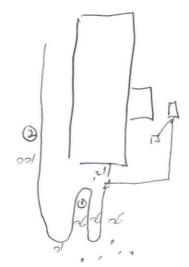
It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible and answer all questions to the best of your ability. Thank you.

Have you received a letter for a failing septic 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
1. Number of people who live in house? 3 # adults 3 # children 6 # total
2. What is your average estimated daily water usage? gallons/month or day county water If HCPU please give the name that the water bill is listed in? 5+ce+
3. If you have a garbage disposal, how often is used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? INCS. How often do you have it pumped? Once
5. If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly
6. If you have a washing machine, how often do you use it? [] daily [X every other day [] weekly [] monthl
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? [X] YES [] NO
 Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy? I YES NO If yes, please list
10. Do you put household cleaning chemicals down the drain? [] YES [X] 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 [X] NO
14. Has any work been done to your structure since your initial move, such a 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 all that apply [/] Power [/] Phone [] Cable [] Gas [] Water
16. Describe what is happening when you have problems with your septic system and when was it first noticed. Where Come up but of the ground Were drain feild is and to let Back by Some that 17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guests)? MI YES I I NO If we please list.
household guests)? WI VES I I NO If was placed list



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18-24



PURPOSES, I'MIS PARKEL BROADWAY NC. VOTES FOR SUBDIVISION MAIL TO: C. PATTERSON 668-80 CHREETT SARRETT & WIFE, 24690 NOTTONEN CONTROL CORNER d1.50:502.32.50.109 100 AR ACT - 4324 001=,2 ,001 989-688-80