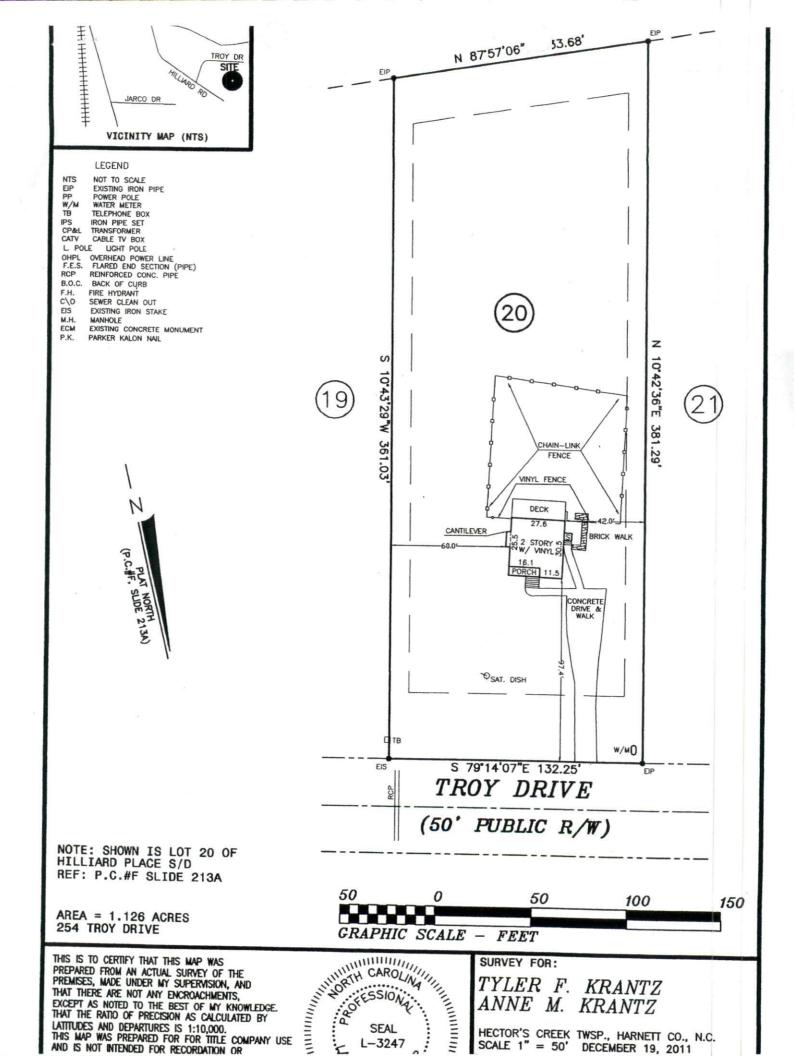
HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

		EMAIL ADDRESS:	Tylerkz 78 @ gmail.com	
NAME Tyler Krantz		PHONE NUMBER_	919-279-2801	
PHYSICAL ADDRESS 254 T	ROY DRIVE FUE			
MAILING ADDRESS (IF DIFFFERENT	THAN PHYSICAL)			
IF RENTING, LEASING, ETC., LIST PR	OPERTY OWNER NAME	Layo	ut att'd	
HILLIARD PLACE SUBDIVISION NAME	2D	V		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT	
Type of Dwelling: [] Modular	[] Mobile Home	Stick built [] Other_		
Number of bedrooms	[] Basement			
Garage: Yes [] No [Y	Dishwasher: Yes	No []	Garbage Disposal: Yes [] No [4	
Water Supply: [] Private Well	[] Community System	m [] County		
Directions from Lillington to your site: 401 N TO RAWLS CHURCH ROAD RIGHT ON RAWLS TO				
HILLIARD PLACE ON	RIGHT, HILLIARE	TO LEFT ON	TROY DREUS	
In order for Carino and All I				
wells on the property by sho	wing on your survey man.	erty" must be attached to	mply by completing the following: this application. Please inform us of any	
 The outlet end of the tank as uncovered, property lines fla us at 910-893-7547 to confir 	igged, underground utilities n	narked, and the orange sig	roperty lines flagged. After the tank is in has been placed, you will need to call	
Your system must be repaired within letter. (Whichever is applicable.)	30 days of issuance of the Ir	evaluation. nprovement Permit or the	e time set within receipt of a violation	
By signing below, I certify that all of t the denial of the permit. The permit i	he above information is corr s subject to revocation if the	ect to the best of my kno site plan, intended use, o	wledge. False information will result in	
1 , 1/ /		, ,		

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 MO Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO Year home was built (or year of septic tank installation) __1998 Installer of system Septic Tank Pumper Designer of System Number of people who live in house? 2 # adults 2 # children # total 2. What is your average estimated daily water usage? _____gallons/month or day county water. If HCPU please give the name the bill is listed in ANN / TYLER KRANTZ 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? 2012 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 [V NO 12. Have you installed any water fixtures since your system has been installed? [] YES [Y] 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 first noticed? FILL BED LIVES ALL FULL OF WATER DUE TO BROKEN DISTRIBUTION BOX 17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [] YES [YNO If Yes, please list_____



HARNE' COUNTY HEALTH DEPARTMEN' ENVIRONMENTAL HEALTH SECTION

№ 12812

OPERATIONS PERMIT

Name: (owner)	Valters + Batchelor Const	New Installation	☑ Septic Tank	
Property Location:	SR# 1415	☐ Repairs	☑ Nitrification Line	
	Subdivision Hilliard Place	Lot # _20		
	TAX ID#	Quadrant #		
Contractor:	Johnny Jones	Registration #		
Basement with Plum	bing: Garage:			
Water Supply:	Well Public Community			
Distance From Well:	ft.			
Following are the specifications for the sewage disposal system on above captioned property.				
	Conventional Other Polystyre Septic Tank: 1000 gallons Pur	11 0		
Subsurface	No. of exact length ditches of each ditch ft.	width of de	pth of	
French Drain:	Linear feet			
PERMIT NO <i>_\^5</i>	Date:	by: Fhomas O. Box Environmental M	ealth Specialist	
•	coorepair			

