

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

DATE May 30, 1996

NAME Mrs. Harden TELEPHONE NO. 436-7106

ADDRESS (current) ~~6628 Overloop~~ 6628 Overloop Spring Lake, NC

PROPERTY OWNER same

SUBDIVISION NAME Starwood at Overhill LOT NO. 24

STATE ROAD NAME off Hwy 87 STATE ROAD NO. _____

LOCATION OF PROPERTY:

SIZE OF LOT OR TRACT _____

DIRECTIONS 5 mile west Spring Lake

Type of dwelling _____ Basement with plumbing _____

Number of bedrooms 3 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 *Carsten Brother Sept 1996*
[Signature]