## H/ ETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 CORNELIUS HARNETT BLVD. LILLLINGTON, N.C. 27546 910-893-7547 phone 910-893-9371 fax

APPLICATION FOR REPAIR

	Sadie Bar E 19 Mary Le RESS	nott	919-552-6057	
NAM	E		PHONE # (home)	PHONE # (work)
	19 Mary Le	y hance	33 Mary	Lee Lho
ADDI	RESS		MAILING ADDR	ESS IF DIFFERS
	Fuguay Vari	na hic 27	5'26	
IF RE	NTING, LEASING ETC., I	IST PROPERTY OWN	ER NAME	
		21		
SUBD	DIVISION NAME	LOT# STATE	ROAD NAME AND # SIZE OF	LOT OR TRACT
Туре	of dwelling [] Modular []/Mo	bile Home 🗆 Stick Built	□ Other	
Managh	per of bedrooms 🛛 🗎 🗘 🗷 🗗	3.4. Canada - Daniero		
			-	
Garag	ge 🗆 Yes 🗆 No - Dishwasher 🖻	Yes □No - Garbage Disp	posal □Yes ®No	
Water	r Supply:   Private Well	Community System	County	
		• •		
Direct	tions from Lillington to your	site:	to Mary Les Lah	9
			7	*
**********				
In ord	ler for Environment Health t	o help you with your repa	iir you will need to comply by doing th	e following:
1.	A surveyed and recorded map and deed to your property must be attached to this application along with a site pla showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.			
2.	The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank uncovered, property lines are marked and orange sign has been placed, you will need to call us at 893-7547 or 893-7548 to let us know that it is ready.			
3.	The system must be repair	ed within 30 days or the s	et time within receipt of a violation lette	er.
This cof the	pertifies that all of the above in permit. The permit is subject	formation is correct to the to revocation if the site pl	e best of my knowledge. False informat an, intended use, or ownership change.	ion will result in the denia
K	win to Bassi	H	4-8-03	
Signa	ture		Date	
	adie Le Barni ture	n has been	out (Bryan)	

## 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.

Installer of system Johnay Jonas Septic Tank Pumper Designer of System				
1. Number of people who live in house? 4 How may adults 1 How many children 3				
2. What is your average estimated daily water usage? gallons C+V				
3. If you have a garbage disposal, how often do you use it?				
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? 3 times award				
6. Do you have a washing machine? Yos How often do you use it? 5 times awk				
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 family member using long term prescription drug(s), antibiotics or chemotherapy? □Yes ☑No If yes, please list				
10.Do you put household cleaning chemical down the drain? □Yes 교No 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 ⊌No				
14. Has any work been done to your structure since your initial move, such as 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 which type: □Power □Phone □Cable □Gas □Water				
16. Describe what is happening when you have problems with your septic system and when it was first noticed. Tank water comes to top of ground				
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guest)? □Yes □No If yes, please list ω ας α α α α α α α α α α α α α α α α α				

