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: jij@embargmail, com
NAME Mair Gill	PHONE NUMBER 9/9-8/2-2508
PHYSICAL ADDRESS 50 Gill Lan	re Fuguay-Varina, NC 27526
MAILING ADDRESS (IF DIFFFERENT THAN PHYSIC	
IF RENTING, LEASING, ETC., LIST PROPERTY OWN	IER NAME
SUBDIVISION NAME LOT	t/TRACT # — STATE RD/HWY — SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile H	Home [/Stick built [] Other
Number of bedrooms 2 [] Basement	
Garage: Yes [No [] Dishv	vasher: Yes [YNo [] Garbage Disposal: Yes [] No []
Water Supply: [] Private Well [] Co	mmunity System [4] County
Directions from Lillington to your site:	OIN to Christian Light Rel
	Light Rd. Go Appx 4 miles
	- 1st House ON Right (Gill care
	wel - Does has street sign at corner)
 A "surveyed and recorded map" and "dewells on the property by showing on your The outlet end of the tank and the distribution uncovered, property lines flagged, undergus at 910-893-7547 to confirm that your Your system must be repaired within 30 days of is 	with your repair, you will need to comply by completing the following: ed to your property" must be attached to this application. Please inform us of any survey map. ution box will need to be uncovered and property lines flagged. After the tank is ground utilities marked, and the orange sign has been placed, you will need to call
letter. (Whichever is applicable.)	
By signing below, I certify that all of the above inf the denial of the permit. The permit is subject to a	ormation is correct to the best of my knowledge. False information will result in revocation if the site plan, intended use, or ownership changes.
Mr. Sille Signature	4/27/2015
Jigilatale	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 Year home was built (or year of septic tank installation) Installer of system 1 Septic Tank Pumper Designer of System 1. Number of people who live in house? __O_ # children # adults 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 MAIR Gill 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? Never 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 No 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? Tree Company was culting down tree near tank, when It Fell a Limb HIT TANK and BUSTED TOP 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 [NO If Yes, please list