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

Comp. # 2001 Muria interpreted application is

Application for Repair

ather	EMAIL ADDRESS: NO	
NAME \$2 equic/4	October Dalfazor Boote PHONE NUMBER 330	583-8561
PHYSICAL ADDRESS / 8/6	EMAIL ADDRESS: _A ONTENIO DE HAZER BENTZOPHONE NUMBER 336 SURGILING N. C. D. C.	7574
MAILING ADDRESS (IF DIFFFE	RENT THAN PHYSICAL) 3393 abottoir Rd Angie	er N. (27501
IF RENTING, LEASING, ETC., LI		-919-614-7127
SUBDIVISION NAME	Tract#10	
SOBDIVISION NAME	LOT #/TRACT # STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modula	ar [] Mobile Home [] Stick built [] Other Ca	
Number of bedrooms 3	[] Basement	
Garage: Yes []No[]	Dishwasher: Yes [No []	Garbage Disposal: Yes [(No)[]
Water Supply: 1 Private We	[] Community System	
Directions from Lillington to yo	our site:	
In order for Environment - 1		
iii oluer jor Environmental H	lealth to help you with your renair, you will need to come	

repair, you will need to comply by completing the following:

1. A "surveyed and recorded map" and "deed to your property" must be attached to this application. Please inform us of any wells on the property by showing on your survey map.

2. The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank is uncovered, property lines flagged, underground utilities marked, and the orange sign has been placed, you will need to call us at 910-893-7547 to confirm that your site is ready for evaluation.

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation letter. (Whichever is applicable.)

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 changes.

Eregul D. Baltong Benite

6/16/14

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 Septic Tank Pumper
Designer of System
1. Number of people who live in house?# adults# children# tota 2. What is your average estimated daily water usage?gallons/month or daycounty water. If HCPU please give the name the bill is listed in Segree A Balfozar Benrio
 If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped? How often do you have it pumped? If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [] monthly Do you have a water softener or treatment system? [] YES [] NO Where does it drain?
 Do you use an "in tank" toilet bowl sanitizer? [] YES [] NO 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
 Do you have an underground lawn watering system? [] YES [] NO 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?
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



