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 ADD	RESS: Lisae 57 2 gmil.com
NAME LISA E		1BER 919-369-1771
PHYSICAL ADDRESS	345 Atkins Rd, Fuguar	
MAILING ADDRESS (IF DIFF		Tver St, Angiev a7501
IF RENTING, LEASING, ETC.,	LIST PROPERTY OWNER NAME	
		3
SUBDIVISION NAME	LOT #/TRACT # STATE RD/	HWY SIZE OF LOT/TRACT
Type of Dwelling: [] Mod	ular [] Mobile Home Stick built [] O	
Number of bedrooms 3	[] Basement	
Garage: Yes[]No	Dishwasher: Yes [] No []	Garbage Disposal: Yes [] No M
Water Supply: [] Private W	/ell [] Community System [] Co	·
Directions from Lillington to	your site: 210 to Angier	lad on W. Williams W
_Chalybeate St	rings Nd Ptow Atkni Rd	Property 11 1001
LOGNE GIAN	am Howard Farm. (010)	The Estate C
		unt frame tarmhare
Sitting way of		
In order for Environmental	Health to/help you with your repair, you will need	to comply by completing the following:
	orded map" and "deed to your property" must be attack by showing on your survey map.	ned to this application. Please inform us of any
2. The outlet end of the	tank and the distribution hax will need to be uncovered	and many till to
, []	mes magged, underground utilities marked, and the oran	nge sign has been placed, you will pend to all
letter. (Whichever is applicable	within 30 days of issuance of the Improvement Permit e.)	or the time set within receipt of a violation
By signing below, I certify that the denial of the permit. The p	all of the above information is correct to the best of mermit is subject to revocation if the site plan, intended	y knowledge. False information will result in use, or ownership changes
		and the same of th
128 HOPE/	1-12-12	

Date

Signature

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 X 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 Precision Septic Septic Tank Pumper Designer of System 2 # adults 1. Number of people who live in house? ____# children 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____ 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 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? [] 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_ 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_____

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