HARNETT 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

NAME 1. Acring ton 639-6857 897-8006 PHONE # (home) PHONE # (work)
NAME PHONE # (home) PHONE # (work)
ADDRESS Holly Ridge Dr. Agrier NC 27501 MAILING ADDRESS IF DIFFERS
IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME
SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT
SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT
Type of dwelling Modular Mobile Home Stick Built Other
Number of bedrooms □1 □ 2 □ 3 □ 4 □or more - Basement with plumbing □Yes □No
Garage ⊕Yes □No - Dishwasher ⊕Yes □No - Garbage Disposal □Yes ⊕No
Water Supply: □ Private Well □ Community System 🗈 County
Directions from Lillington to your site: 210 towards Agrier two left anto Janes Norris Rd. two 1st Rd. on left Wed-Denning Role; 3 or 4th st. on left, corner lot of wheeler & Holly Ridge Dr. 24 Holly Ridge Dr.
In order for Environment Health to help you with your repair you will need to comply by doing the following:
 A surveyed and recorded map and deed to your property must be attached to this application along with a site plan showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.
 The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is 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 repaired within 30 days or the set time within receipt of a violation letter.
This certifies that all of the above information is correct to the best of my knowledge. False information will result in the deni of the permit. The permit is subject to revocation if the site plan, intended use, or ownership change.
3.24-04
Signature Date

3/24 N

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.

На	ve you received a letter for a failing septic system from our office? [] YES [YNO
Als	so, within the last 5 years have you completed an application for repair for this site? [YES [] NO
Sej	taller of system otic Tank Pumper signer of System
	Number of people who live in house? # adults # children # total
2.	What is your average estimated daily water usage?gallons/month or daycounty water If HCPU please give the name that the water bill is listed in?
3.	If you have a garbage disposal, how often is used? [] daily [] weekly [] monthly 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 [] weekly
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 [YNO Where does it drain?
8.	Do you use an "in tank" toilet bowl sanitizer? [] YES [4NO
9.	Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy? [] YES [YNO If yes, please list
10.	Do you put household cleaning chemicals down the drain? [] YES [4NO If so, what kind?
11.	Have you put any chemicals (paints, thinners, etc.) down the drain? []YES [4NO If yes, what kind?
12.	Have you installed any water fixtures since your system has been installed? [] YES [TNO 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 [YNO
14.	Has any work been done to your structure since your initial move, such a 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 all that apply [] Power [] Phone [Cable [] Gas [] Water
16.	Describe what is happening when you have problems with your septic system and when was it first noticed. padding in back yard
17.	Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guests)? [] YES [NO If yes, please list

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LILLLINGTON, N.C. 27546
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APPLICATION FOR REPAIR

Jimmy L. Acciontan 919-639-6857
NAME PHONE # (home) PHONE # (work)
NAME NAME PHONE # (home) PHONE # (work) ADDRESS MAILING ADDRESS IF DIFFERS 27
IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME
Neille Creek Farms 145, Sec. 4, Ph 2
SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT
Type of dwelling Modular Mobile Home & Stick Built Other
Number of bedrooms □1 □ 2 2 3 □ 4 □or more - Basement with plumbing □Yes □No
Garage dYes □No - Dishwasher □Yes □No - Garbage Disposal □Yes □No
Water Supply: Private Well Community System County
Directions from Lillington to your site: 210 fowards Ancie turn onto James Novi's Rd., fuin then onto 14 Rd. to left you will shortly enter S/D
come of Wheeler a Holly Ridge house on left
In order for Environment Health to help you with your repair you will need to comply by doing the following:
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2. 1. logt 3-20.02
Signature



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 Septic Tank Pumper
Designer of System
1. Number of people who live in house? How may adults How many children
2. What is your average estimated daily water usage? gallons
3. If you have a garbage disposal, how often do you use it?
4. When was the septic tank last pumped? Last 10 february How often do you have it pumped?
5. If you have a dishwasher, how often do you use it?
6. Do you have a washing machine? Yes How often do you use it?
7. Do you have a water softener or treatment system? Yes Mo 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 ☐No If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? Yes To If yes, what kind?
12. Have you installed any water fixtures since your system has been installed? Yes Yes Yes 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 added a second
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.
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

