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

5) (//		E	MAIL ADDRESS: _		
NAME	Kachel	Mille		PI	HONE NUMBER	910-98	5-1210
PHYSICAL AL	DDRESS	395	Antiocho	hurch	Rd. Du	N.V Mu	28334
MAILING AD	DRESS (IF DIF	FFERENT TH	AN PHYSICAL)		p.		
IF RENTING,	LEASING, ETC	., LIST PROP	ERTY OWNER NAME_	,	0596-97	~ 100 mg	
SUBDIVISION	NAME		LOT #/TRACT #		STATE RD/HWY		SIZE OF LOT/TRACT
Type of Dwel	ling: [] Mo	dular [] Mobile Home	(X Stick bu	ilt []Other	El .	OLE OF EST/TRACT
Number of be	edrooms <u> </u>		Basement	S. 150-			
Garage: Yes	, ,		Dishwasher: Yes	[] No [X		Garbage Di	sposal: Yes[]No [X
Water Supply:	Private	Well	[] Community Sys	tem	[] County		
Directions from	m Lillington to	o your site:	Hwy 421 to	ERWI	V - Right	ONTO HO	W55
Go th	Ru 2No	stoplia.	ht TAKE	LEFT	outo A	Ntinch (burch Rd
House	ON LE	FT E	st. 3miles		11/0 /1/	THE T	MARCR RCI
			0. 0. 1.10				
In order for Er	nvironmento	I Health to	help you with your i	rengir yey	:!!		
wells o	n the propert	y by showing	on your survey man	pperty mus	t be attached to th	is application. P	lease inform us of any
us at 9:	10-893-7547	to confirm th	ne distribution box will d, underground utilities nat your site is ready for	s marked, an	d the orange sign	has been placed	, you will need to call
etter. (Whichev	er is applicat	d within 30 (ple.)	days of issuance of the	Improveme	ent Permit or the t	ime set within r	eceipt of a violation
By signing below the denial of the	v, I certify tha e permit. The	it all of the a	bove information is co pject to revocation if t	orrect to the he site plan,	best of my knowl intended use, or	edge. False info	mation will result in
Amis	Mu	R		9	7-30-15		
gnature	, ,			/	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 NA DO NO KNOW Septic Tank Pumper Designer of System Designer of
Designer of System Do N of Know
 Number of people who live in house?# adults# children# tota What is your average estimated daily water usage?gallons/month or daycounty 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? \cb aol \begin{align*} \delta \cdot \delta
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 [] months.
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] 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 [X] 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 N /A
15. Are there any underground utilities on your lot? Please check all that apply:
Power[]Phone[]Cable[]Gas[]Water
16. Describe what is nappening when you are having problems with your septic system, and when was this
lifst noticed?
Noise when toiled is Flushed, Tub Drawing Stowly.
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 Heavy Rans may be

HARNETT COUNTY, NORTH CAROLINA GIS/LAND RECORDS



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AddressPoints

Road Centerlines

MajorRoads

Rivers

Parcels

County Boundary

CityLimits

Harnett_2013.sid

Red: Band_1

Green: Band_2

Blue: Band_3



