## 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:
NAME Joseph Ferr	PHONE NUMBER 919-669-3957
PHYSICAL ADDRESS	DIXON Rd COATS, NC 27521
MAILING ADDRESS (IF DIFFFEREN	T THAN PHYSICAL)
IF RENTING, LEASING, ETC., LIST F	ROPERTY OWNER NAME
SUBDIVISION NAME	LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[ ] Mobile Home Stick built [ ] Other
Number of bedrooms 3	[] Basement
Garage: Yes [ No [ ]	Dishwasher: Yes [ No [ ] Garbage Disposal: Yes [ ] No [ ]
Water Supply: [] Private Well	[ ] Community System [ ] County
Directions from Lillington to your	site: 421 to Bines Creek, 27 to COATS,
	son Approx 2 miles, Dixin Rd to left,
Second house i	
In order for Environmental Hea	Ith to holp you with your ronging and it
wells on the property by s  The outlet end of the tank uncovered, property lines us at 910-893-7547 to con	Ith to help you with your repair, you will need to comply by completing the following: I map" and "deed to your property" must be attached to this application. Please inform us of any howing on your survey map.  and the distribution box will need to be uncovered and property lines flagged. After the tank is flagged, underground utilities marked, and the orange sign has been placed, you will need to call firm that your site is ready for evaluation.
Your system must be repaired with letter. (Whichever is applicable.)	nin 30 days of issuance of the Improvement Permit or the time set within receipt of a violation
recter. (writenever is applicable.)	
By signing below, I certify that all o the denial of the permit. The perm	of the above information is correct to the best of my knowledge. False information will result in it is subject to revocation if the site plan, intended use, or ownership changes.
Joseph Furell	
Signature	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.

(or year of septic tank installation)	
eople who live in house? 2 # adults 4 # children 2 average estimated daily water usage? gallons/month or day	
garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly e septic tank last pumped? How often do you have it pumped? dishwasher, how often do you use it? [/] daily [ ] every other day	[] weekly
washing machine, how often do you use it? [/ daily [ ] every other day [ ] weekly [ a water softener or treatment system? [ ] YES [/ NO Where does it drain?	[] monthly
n "in tank" toilet bowl sanitizer? [ ] YES [ NO	
ny member in your household using long term prescription drugs, antibiotics or by?] [ ] YES [1] NO If yes please list	r
any chamicals (spirits this see at ) down the Lat 25 1975 5	
any chemicals (paints, thinners, etc.) down the drain? [ ] YES [ ] NO lalled any water fixtures since your system has been installed? [ ] YES [ ] NO I additions including any spas, whirlpool, sinks, lavatories, bath/showers, toiled	If yes, ts
an underground lawn watering system? [ ] YES [/] NO	
been done to your structure since the initial move into your home such as, a resent foundation drains, landscaping, etc? If yes, please list	roof, gutter
underground utilities on your lot? Please check all that apply:	
[] Power [V] Phone [] Cable [] Gas [] Wat is happening when you are having problems with your septic system, and when backing up ( Slownes Slow to drawn	ater nen was this
the problem as being patterned or linked to a specific event (i.e., wash clothe sehold guests?) [ ] YES [ ] NO If Yes, please list_	es, heavy

## HARNETT COUNTY, NORTH CAROLINA GIS/LAND RECORDS



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COMMENTS:	׆(	1 in	
2/ 12015 Spel	Kewith Mr. Fer	rell about changing the	
direction of th	e drainlins.	They should run toward	
the posture.			