HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546

910-893-7547 PHONE 910-893-9371 FAX FR-087)

APPLICATION FOR REPAIR

LAURA TICE 497-2857

| | A A | | THE COLLINS | | PELAT | [1] | 497-2851 |
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| IF RENTIN | IG, LEASING, ETC., L | IST PROPER | RTY OWNER NAME | | | | |
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| SUBDIVIS | ON NAME | | LOT# | STATE PD | NAME & # | CITE OF | |
| Type of | hualling 57 88 - 1 | | | | | SIZE OF | LOT OR TRACT |
| ype or o | weiling 12 Modu | iar 🗆 Mobi | ile Home 🗆 Stick bu | ilt 🗆 Other | | | |
| | | | 4 □ or more □ Base | | | | |
| | | • С 3 Д - | 4 □ or more □ Base | ment Other_ | | | |
| Garage [| Yes No | Dishw | vasher ⊠ Yes □ No | G | arhaga Dian | onal 🗆 V. | |
| 14/-4 0 | | | | | arbage Disp | osai 🗆 Ye | IS NO |
| water Su | pply: Private V | Vell | □ Community Sys | stem 🔯 | County | | |
| Direction | s from Lillington | to your site | · Howar Die | | | | |
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| LEFT G | t stopsia | 0-64 | eshills. Ah | nit lo | nile o | | chi I I |
| 11- | . | () | | ~ | THE | N I II | 11 1 - ACCD |
| HOUSE | & IS las | t koos | se on left | before | enteru | oc. Ai | odereno st. |
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| In order fo | or Environmental | Hoalth to b | hala | | | | |
| following: | omonnontar | i i d altii to i | help you with your re | pair you will n | eed to comp | ly by com | pleting the |
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| | | | | | ling (b) locati | ise) <u>must</u> | be attached to |
| 2 | | | | | | | |
| 2. | ine outlet end of | the tank an | d distribution box will | nood to be upon | vered and n | roperty line | s marked After the |
| | | | | | | | end to call up at |
| 0 | | | | | | | |
| 3. | The system mus | t be repaire | ed within 30 days or | the time set wi | thin receipt | of a violat | ion letter |
| By signing h | elow I contifue that all | 10646 | | | | | ion lottor. |
| denial of the | permit. The permit i | s subject to a | e information is correct t revocation if the site plar | to the best of my | knowledge. Fa | alse informa | tion will result in the |
| | , | - Judgoor to 1 | ovocation ii trie site piar | i, intended use, c | or ownership o | hange. | |
| , | | | | | | | |
| ~ / | (1, | | KIADROX | | | | |
| ignature | 3 | | JHAPROY | | | | |
| Silataio | | | Date | | | 17/ | 18/18(1) |



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 letter for a failing septic system from our office? [] YES PHNO Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO Installer of system Septic Tank Pumper Designer of System 1. Number of people who live in house? ____ # adults ____ # children ____ # total 3. If you have a garbage disposal, how often is used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? 15 APRO How often do you have it pumped? 2nd time in 5. If you have a dishwasher, how often do you use it? [] daily pevery 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 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 family using long term prescription drug(s), antibiotics or chemotherapy? [] YES [NO If yes, please list _ 10. Do you put household cleaning chemicals down the drain? [YYES [] NO If so, what kind? carpet cleaner 11. Have you put any chemicals (paints, thinners, etc.) down the drain? []YES [>NO If yes, what kind? 12. Have you installed any water fixtures since your system has been installed? [] YES LINO 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 NO 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 den + know 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. as washing markine or dishuster drain water flows put from top of tank. 1st noticed when it was drained the 1st time. 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

· Size Visit CH 8/1/08 . TANK FULL; LINES NOT FULL

NUAT ONCE JOHE - THEY MILL PURE TAUK

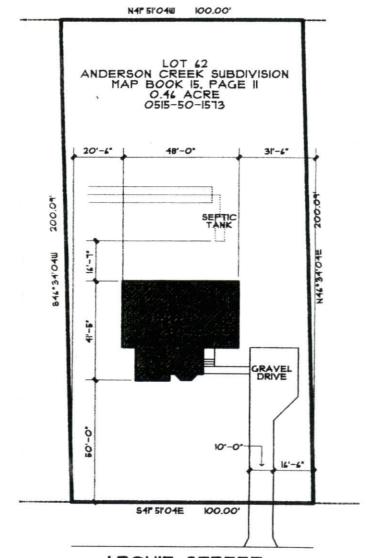
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BEGIN WORL

10/1/8.

NEED NEW LINES SITE VISIT - OLO HNES FULLOP SAUD

9 184-0



ARCHIE STREET

(PAVED SECONDARY ROAD

1154 40' R/W)

· Size Visis Or 8/11/08. TANK FULL; LINES NO. FULL 8 4 08 SPORE & A.S. MHR - THEY WILL PUM TAUK ALD DIG UP LANGTO D. BOX. WILL CALL YOFEN THEY BEGIN WORLD

SITE VISIT - OLO HNES FULLOF SAND
NEED NEW LINES

3.50 @34" G S 190 NS NA