Repair

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 27546 APPLICATION FOR REPAIR

	DATE
	NAME KIRAN FRAMETON TELEPHONE NO. 919 557 6942
911	ADDRESS (current) 8826 US 401N, FUQUAY-VARINA NC 27926
	PROPERTY OWNER KIRAN FRAMPTON
	SUBDIVISION NAMELOT NO
	STATE ROAD NAME 401 STATE ROAD NO.
	LOCATION OF PROPERTY:
	SIZE OF LOT OR TRACT . 5 ACRE
	DIRECTIONS 401 NONTH TO CHALYBEATE, LAST HOUSE ON AT
	BREFORE CHALYBEATE SPRIMES RO TO ANGER
	Type of dwelling HOUSE Basement with plumbing N/A Number of bedrooms 2 Garage N/A Dishwasher YES Garbage disposal NO
	WATER SUPPLY: PRIVATE WELL COMMUNITY SYSTEM COUNTY COUNTY
	1) A surveyed and recorded map must be attached to this application along with a site plan showing: 1) Location of dwelling, 2) Location of driveway, 3) Location of any wells and other existing structures. A copy of the deed must also be attached.
	2) The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered and property lines are marked, you will need to call us at 893-7547 or 893-7548 and let us know that it is ready.
	3) The system must be repaired in the set time of violation letter or if there is no violation letter, then it needs to be repaired within 30 days.
	This certifies that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership change.
	Signature of Owner or Authorized Agent ONLY

Homeowner Interview Form

N	ame: _KINAN FRAMPION Date:
A	ame: NINAN FRAMPION Date: ddress: 8826 USB401 N Phone: (H) 919 557 6942
	FUQUIAY-VARINA (W) 919 291 5267
Ins	staller of System:
	ptic Tank Pumper:
De	esigner of System:
1.	Number of people who live in the house:
	How many adults: 2 How many children: 2
2.	What is your average daily water usage?
3.	Do you have a garbage disposal? MO
	How often do you use it?
4.	When was the septic tank last pumped? _ MONTH AGOC
	When was the septic tank last pumped? MONTH ALOW How often do you have it pumped? ANUALY
5.	Do you have a dishwashing machine? 485
	How often do you use it? DALY
6.	Do you have a clothes washing machine? 485
	How often do you use it? WEEKLY
7.	Do you have a water softener or water treatment system? 100
	Where does it drain?
8.	Do you use an "in the tank" toilet bowl sanitizer? NO
9.	Is any family member using a (long term) prescription drug, antibiotics or chemotherapy? No
	What kinds?

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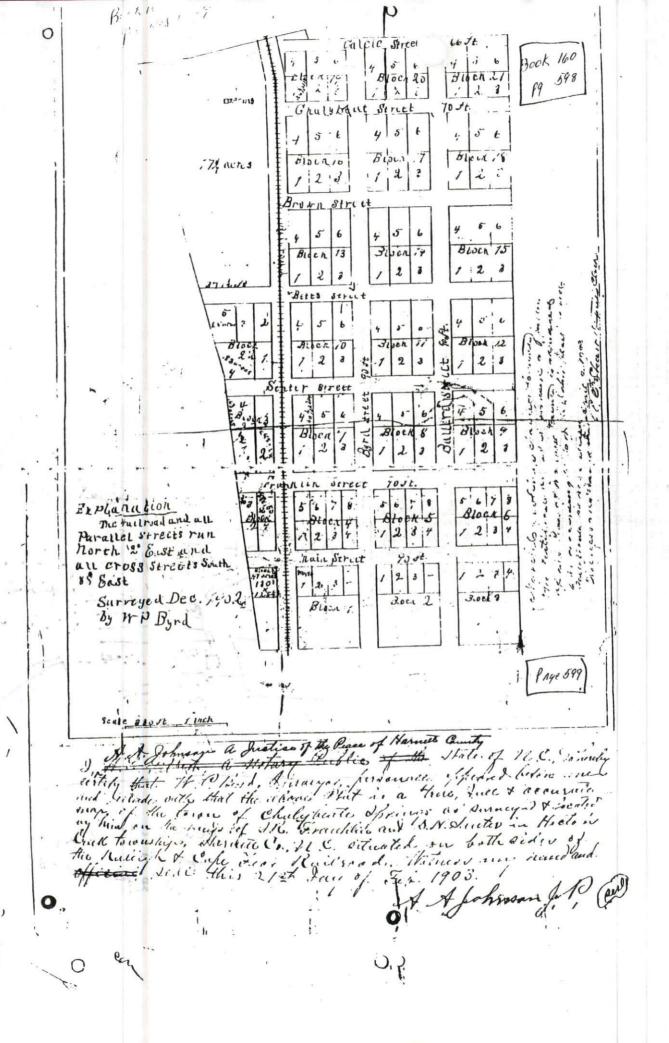
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WELL STATE TANK

FUQUAY- WAKINA

401

LILL WATON



3.50

2 Possible Leek

