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

Repair	DATE 5-14-97
NAME CHARLES	DATE 5-14-97 1. FowLeR TELEPHONE NO. 9/0-897-709
ADDRESS (current)	I / Box 174 Coals NC2
PROPERTY OWNER	arles L Faulor + 1 ERa Birrett
SUBDIVISION NAME	LOT NO.
STATE ROAD NAME	expett Road STATE ROAD NO. 2018
LOCATION OF PROPERTY:	
SIZE OF LOT OR TRACT	1.26 acteu.
DIRECTIONS	Low Kowar ST, RJ 2010
Bernott Ro.	al - ? 107/1 House ON LOST -
Type of dwelling Rade V	Basement with plumbing NO Garage 24×24 Garbage disposal 465
Dishwasher 405	Garage 24×29 Garbage disposal 45
	COMMUNITY SYSTEM COUNTY
dwelling, 2) Location of	orded map must be attached to this site plan showing: 1) Location of driveway, 3) Location of any wells and . A copy of the deed must also be
uncovered and property line	tank and distribution box will need to y lines marked. After the tank is es are marked, you will need to call us d let us know that it is ready.
3) The system must be repair or if there is no violation within 30 days.	red in the set time of violation letter n letter, then it needs to be repaired
best of my knowledge. Fals	the above information is correct to the e information will result in the denial is subject to revocation if the site

plan, intended use, or ownership change.

Signature of Owner or Authorized Agent ONLY

Homeowner Interview Form

]	Name: Date:
4	Address: Phone: (H)
	(W)
Ŀ	installer of System:
	Septic Tank Pumper:
	Designer of System:
-	
1.	Number of people who live in the house:
	How many adults: How many children:
2.	What is your average daily water usage?
3.	Do you have a garbage disposal?
	How often do you use it? 3-4 Times a month
4.	When was the septic tank last pumped?
	How often do you have it pumped?
5.	Do you have a dishwashing machine?
	How often do you use it? Only
6.	Do you have a clothes washing machine?
	How often do you use it?
7.	Do you have a water softener or water treatment system?
	Where does it drain?
8.	Do you use an "in the tank" toilet bowl sanitizer?
9.	Is any family member using a (long term) prescription drug, antibiotics or chemotherapy?
	What kinds?

10.	Are any household clear of chemicals put down the drain?
	What kinds?
11.	Are any chemicals (paints, thinners, etc.) disposed down the drain?
	What kinds?
12.	Have any new water using fixtures been added since the system was installed?
	What kinds?
	List plumbing fixtures (like spas, whirlpools) other than sinks, lavatories,
	bath/showers and toilets:
13.	Do you have an undergroung lawn-watering system?
14.	Has any site work been done to the house since you moved in, such as underground roof gutter drains, basement/foundation drains, landscaping, etc.?
	What kinds?
15.	Are there any underground utilities on your lot?
	Power Phone Cable Gas Water
16.	Describe what happens when you have a problem with your septic tank system.
	Sowage comes to top of Ground
_	at ENd OF Drain Lines
Whe	en did you first notice the problem?
Does	s the problem seem to be linked to a specific event (washing clothes, heavy rains, companying over, etc.)?

