

to QT -  
tank replacement

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
307 CORNELIUS HARNETT BLVD.  
LILLINGTON, NC 27546  
910-893-7547 PHONE  
910-893-9371 FAX

APPLICATION FOR REPAIR

NAME Michael Kim 919-960-0184 (919-624-6522)  
ADDRESS 243 Old Forest Creek Dr., chapel Hill, NC 27514  
PHONE # (HOME) PHONE # (WORK/CELL)  
MAILING ADDRESS IF DIFFERS

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME

SUBDIVISION NAME LOT # STATE RD NAME & # SIZE OF LOT OR TRACT

Type of dwelling ☐ Modular ☐ Mobile Home ☐ Stick built ☐ Other

Number of bedrooms ☐ Basement Other

Garage ☐ Yes ☐ No Dishwasher ☐ Yes ☐ No Garbage Disposal ☐ Yes ☐ No

Water Supply: ☐ Private Well ☐ Community System ☐ County

Directions from Lillington to your site: Next to Blvd Chevrolet

Address: 1415 N. Main st, Lillington

In order for Environmental Health to help you with your repair you will need to comply by completing the following:

1. A "surveyed and recorded map" and "deed to your property" (not your house) must be attached to this application along with a site plan showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.
2. The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered, property lines are marked and orange sign has been placed, you will need to call us at 910-893-7547 to let Environmental Health know that your site is ready for evaluation.
3. The system must be repaired within 30 days or the time set within receipt of a violation letter.

By signing below, I certify 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 Michael Kim Date 4/26/10

## 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 letter for a failing septic system from our office? [ ] YES [ ] NO

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
2. What is your average estimated daily water usage? \_\_\_\_\_ gallons/month or day \_\_\_\_\_ county water  
If HCPU please give the name that the water bill is listed in? \_\_\_\_\_
3. If you have a garbage disposal, how often is used? [ ] daily [ ] weekly [ ] monthly
4. When was the septic tank last pumped? \_\_\_\_\_ How often do you have it pumped? \_\_\_\_\_
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 [ ] 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? [ ] YES [ ] NO If so, what kind? \_\_\_\_\_
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 [ ] NO 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  
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. Heavy truck passed on the top of the septic tank  
and damaged.
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 \_\_\_\_\_