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

Being and the provided of the instruction of the in

_			EMA	IL ADDRESS:	Rs. haract a Jahoo Com
NAME BOON	e Trai	1 Emercial S	ervices PHON	NE NUMBER 9	10-814. 7/92 & Call In
PHYSICAL ADDRES	s 7016	4.5. 421 N	. Cilling	tow N.	10-814. 7/92 & Call So.
MAILING ADDRESS	(IF DIFFFERE		J		
IF RENTING, LEASI	NG, ETC., LIST	PROPERTY OWNER NAME			
iony Co	inin				
SUBDIVISION NAM	E	LOT #/TRACT #	• • • • • • • • • • • • • • • • • • • •	TE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling:	[] Modular	[] Mobile Home	10.00	Other_/	ire Dept neety Rno
Number of bedroor	ms	[] Basement	2/24	e-r- 4	V
Garage: Yes[]No	[]	Dishwasher: Ye	· ·		Garbage Disposal: Yes [] No []
Water Supply: []	Private Well	[] Community S	ystem	(County	
Directions from Lilli	ngton to you	r site:			
	, , , , , , , , , , , , , , , , , , , ,				
In order for Enviror	nmental Hed	alth to help you with you	r rengir you wi	II mood to	ply by completing the following:
	dira iccoluct	u map and deed to your	property " must be	attached to th	is application. Please inform us of any
	biobcirt na 2	niownig on vour survey mar	1		
uncovered, p	roperty lines	flagged, underground utilit	ill need to be und	overed and pro	perty lines flagged. After the tank is has been placed, you will need to call
	5 1 5 TI CO COI	illi ili tilat volir sire is ready	I TOP OUSILISTIAN		
your system must be	repaired with	hin 30 days of issuance of t	he Improvement	Permit or the t	me set within receipt of a violation
etter. (Whichever is a	applicable.)				
By signing below, I cer	rtify that all o	of the above information is	correct to the he	st of my lean	edge. False information will result in
he denial of the pern	nit. The perm	it is subject to revocation i	f the site plan, in	ended use, or o	whership changes
70					
ay Cr	تت		12-14-	15	
ignature			12-14-	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.

Have you received a violation letter for a failing system from our office? []YES []NO Also, within the last 5 years have you completed an application for repair for this site? []YES[]NO
Year home was built (or year of septic tank installation)
Installer of system
Septic rank 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 daycounty
water. If HCPU please give the name the bill is listed in
3. If you have a garbage disposal, how often is it 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 household using long term prescription drugs, 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
12. Have you installed any water fixtures since your system has been installed? [] YES [] NO If yes
please list any additions including any spas, whirlpool, 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 the initial move into your home such as a roof gutter
drains, basement foundation drains, landscaping, etc? If yes, please list
15. Are there any underground utilities on your lot? Please check all that apply:
[] Power [] Phone [] Cable [] Gas [] Water
16. Describe what is happening when you are having problems with your septic system, and when was this
first noticed?
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy
rains, and household guests?) [] YES [] NO If Yes, please list
president de la constant de la const

OPERATIONS PERMIT

Name: (owner) Bone Trail Energency	Jevices	☐ New Installation	Septic Tank
Property Location: SR# 421 N		Repairs * Attempt to Repair	Nitrification Line
Subdivision		Lot #	
TAX ID#		Quadrant #	
Contractor: Mike Ray		Registration #	
Basement with Plumbing:	Garage:		
Water Supply: Well Public	Community		
Distance From Well: ft.			
Following are the specifications for the se	ewage disposal sys	tem on above captioned	l property.
Type of system:	Other Punp	to Convertical	
Size of tank: Septic Tank:	gallons Pu	mp Tank: 1000 gall	ons
Subsurface No. of exact prainage Field ditches of exact prainage field ditches for exact prainage field exact prainage field ditches for exact prainage field ditches field ditches field ditches field ditches field ditches field dit	ct length ach ditch 145 ft	width of dep	oth of ches 24.30 in.
French Drain: Linear feet PERMIT NO		by: Moderated He	ealth Specialist
* Added Filter to Septic teak	B. 14.		

421

UT300G01 COUNTY OF HARNETT PUBLIC UTILITIES 12/16/15 Customer/L tion Consumption History 10:13:33

13

Location ID: 77150 Addr: 7016 US 421 N
Customer ID: 55455 Name: BOONE TRAIL EMERGENCY SERVICES

Service . : WA WATER

Period Actual Consumption Daily consumption Days 7,370.00 6,380.00 03/1526 283.46 02/15 212.67 30 01/15 7,850.00 38 206.58 12/14 6,340.00 29 218.62 11/14 10/14 6.040.00 29 208.28 29 6,150.00 212.07 09/14 29 181.38 5,260.00 08/14 5,570.00 32 174.06 +

Press Enter to continue.

F3=Exit F9=Display graph F12=Cancel F15=Graph profile F17=Subset

UT300G01 COUNTY OF HARNETT PUBLIC UTILITIES
Customer/L tion Consumption History 12/16/15
10:13:00

Location ID: 77150 Addr: 7016 US 421 N

Customer ID: 55455 Name: BOONE TRAIL EMERGENCY SERVICES

Service . : WA WATER

Period Actual Consumption Days Daily consumption 11/15 10/15 18,170.00 33 550.61 17,500.00 583.33 30 09/15 586.67 17,600.00 30 08/15 32 15,740.00 491.88 07/15 06/15 15,750.00 31 508.06 10,990.00 27 407.04 05/15 10,050.00 32 314.06 04/15 32 8,160.00 255.00

13

Press Enter to continue.

F3=Exit F9=Display graph F12=Cancel F15=Graph profile F17=Subset

UT300I01 COUNTY OF HARNETT PUBLIC UTILITIES 1/05/16 Customer/Locati Consumption Pending Inquiry 08:51:05 close to folder Customer ID: 55455 Name: BOONE TRAIL EMERGENCY SERVICES 77150 Addr: 7016 US 421 N Location ID: 13 Cycle/Route: 05 05 Amount due: \$.00 Initiation date: 1/01/93 Pending \$.00 Termination date: 0/00/00 Customer status: A Customer/Location status: A Type options, press Enter. 5=View detail 1=Select 6=Display comment codes Service Reading Actual Actual Est Cmnt Meter Opt Code Type Date Consumption Demand Days Number CD CD WA REG 12/28/15

7110.00

F10=Change view F11=User function F14=Graph history

F12=Cancel F13=Reading activity F24=More keys

.00 33 22360914

N

Parcel Identification			
PIN	0610-97-0954.000		
[ParcelNumber]	130610 9002		
[REID]	0054023		
Owner Information			
[AccountNumber]	1304800000		
[Name1]	BOONE TRAIL EMERGENCY		
[Name2]			
[Address1]	P O BOX 411		
[Address2]			
[Address3]			
[City]	MAMERS		
[State]	NC NC		
[ZipCode]	27552-0000		
Assessment Data			
[ParcelBuildingValue]			
[ParcelObxfValue]			
[ParcelLandValue]	20000		
[TotalAssessedValue]	20000		
Property Information			
[StreetDirection]			
[UnitNumber]			
[HouseNumber]	007016		
StreetName	US 421		
[StreetType]	65 121		
[StreetSuffix]	N		
Legal Desciption	J.		
[LegalDescription]	1.00AC BOONE TRAIL EMER SERVICES MAP#2015-283		
[LegalLandUnits]	I I I I I I I I I I I I I I I I I I I		
[LegalLandType]	AC		
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Structure Data			
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	00730		
[DeedBook]	00/30		
[DeedPage]			
[DeedDate]	1982-02-16 19:00:00		
[SaleYear]	1982		
[SalePrice]			
Parcel Links	Language ages		
Zoning Overlay	130610 9002		
Soils Overlay	130610 9002		
PRC	130610 9002		