

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
307 CORNELIUS HARNETT BLVD.  
LILLINGTON, N.C. 27546  
910-893-7547 phone  
910-893-9371 fax

APPLICATION FOR REPAIR

Terry D. Hooper  
NAME PHONE # (home) 919 258-5532 PHONE # (work) 919 776 2474

5322 Cool Springs Rd. Broadway NC 27505  
ADDRESS MAILING ADDRESS IF DIFFERS

NA

IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME

SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT

Type of dwelling  Modular  Mobile Home  Stick Built  Other

Number of bedrooms  1  2  3  4  or more - Basement with plumbing  Yes  No

Garage  Yes  No - Dishwasher  Yes  No - Garbage Disposal  Yes  No

Water Supply:  Private Well  Community System  County

Directions from Lillington to your site:

Hwy 421 N to Cool Springs Rd to 5322 Cool Springs Rd.  
Broadway, NC 27505

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

1. A surveyed and recorded map and deed to your property 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 893-7547 or 893-7548 to let us know that it is ready.
3. The system must be repaired within 30 days or the set time within receipt of a violation letter.

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

Date

Terry D. Hooper 1-11-02

# 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.

Installer of system Faircloth Grading & Septic  
Septic Tank Pumper \_\_\_\_\_  
Designer of System \_\_\_\_\_

1. Number of people who live in house? 4 How many adults 4 How many children \_\_\_\_\_
2. What is your average estimated daily water usage? \_\_\_\_\_ gallons
3. If you have a garbage disposal, how often do you use it? \_\_\_\_\_
4. When was the septic tank last pumped? never How often do you have it pumped? \_\_\_\_\_
5. If you have a dishwasher, how often do you use it? twice a week
6. Do you have a washing machine? yes How often do you use it? twice a week
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 family member using long term prescription drug(s), antibiotics or chemotherapy?  Yes  No  
If yes, please list \_\_\_\_\_
10. Do you put household cleaning chemical 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 as roof, gutter drains, basement foundation drains, landscaping, etc.?  Yes  No If yes, please list landscaping, guttering, drains
15. Are there any underground utilities on your lot?  Yes  No  
Please check which type:  Power  Phone  Cable  Gas  Water
16. Describe what is happening when you have problems with your septic system and when it was first noticed. was noticed by inspector
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guest)?  Yes  No If yes, please list \_\_\_\_\_





Fax  
919-774-0908

# HARNETT COUNTY

## DEPARTMENT OF PUBLIC HEALTH

TELEPHONE: 910-893-7550  
FAX: 910-893-9429

A. WAYNE RAYNOR, MPH  
DIRECTOR

January 7, 2002

Terry Hooper RE: Status of Existing Tank Permit Application #01-5-3685  
5322 Cool Springs Rd  
Broadway, NC 27505  
919-258-5532

Dear Mr. Hooper;

On January 2, 2001, an Environmental Health Specialist from the Harnett County Health Department attempted to evaluate your property for the purpose of issuing an Existing Tank Permit. This individual was unable to evaluate your property for one or more of the following reasons.

- 1. Uncover outlet lid on septic tank and break seal
- 2. Have system pumped out
- 3. Replace sanitary T
- 4. Other I observed your system failing.

You are hereby notified that you are in violation of the Rules and Regulations adopted by the North Carolina Commission for Health Services in accordance with requirements of Article 11 Chapter 130A-335 (a) of General Statutes of North Carolina. A person owning or controlling a residence, place of business or a place of public assembly shall provide an approved wastewater system. A wastewater system may include components for collection, treatment and disposal of wastewater.

We request that you come to our office within the next seven working days and complete a Repair Application, so that we may issue you a repair permit. With this permit you will be able to repair the system and upon completion of the repair we can then discuss your original application.

Sincerely,

A handwritten signature in black ink that reads "Joe West, R.S.".

Joe West, R.S.  
Harnett County Health Department

JW/sgw