COMMENTS: Petrina Jones
BM went bye on 2/16/2010 the alarm box
had not been replaced. It did appear that the septic
tank had been pumped.
In 2/18/2010 TAlked w/ Mr. Jones he stated that the
group had been replaced. I informed him that the alarm
box also needed to be replaced that his system did not
meet the ruler without it being fixed

Mail:
Petrina Sones
105 Tall Dalls Drive
Spring Lake, NC
28390

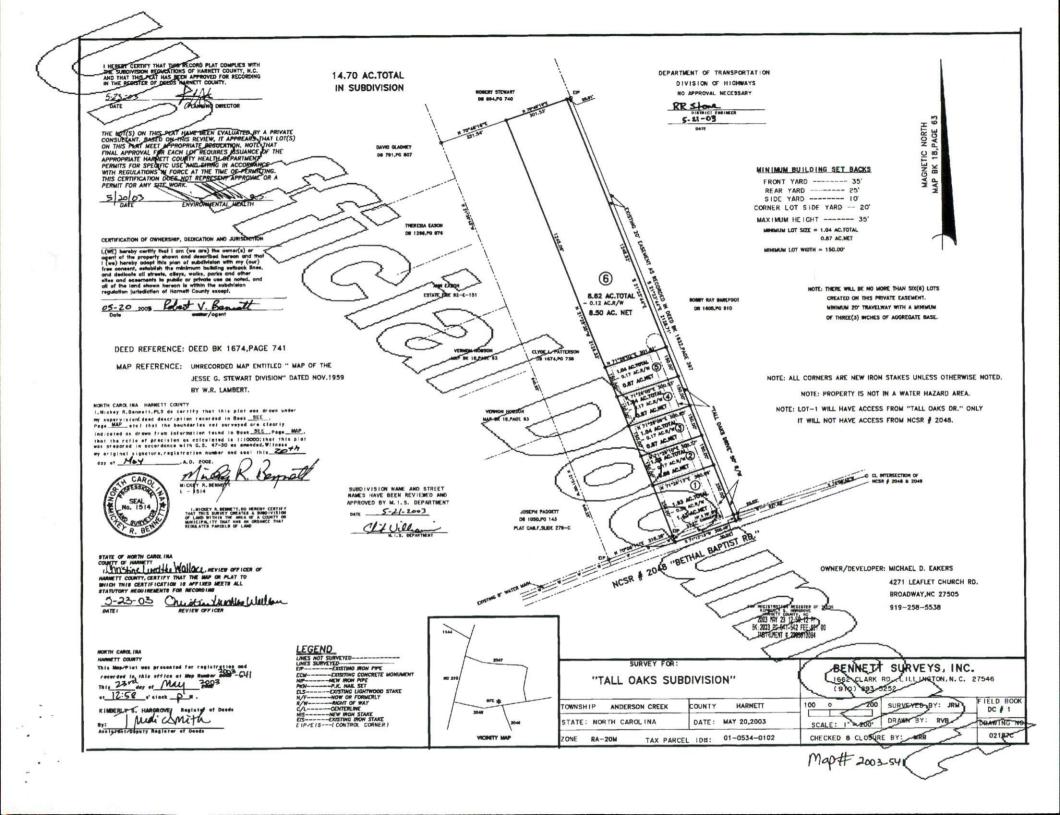
HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

APPLICATION FOR REPAIR	
Rito Torres (916) 927-2937	
NAME	
ADDRESS PHONE # (HOME) PHONE # (WORK/CELL) ADDRESS PHONE # (HOME) PHONE # (WORK/CELL) ADDRESS PHONE # (HOME) PHONE # (WORK/CELL)	
MAJLING ADDRESS IF DIFFERS	
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME	
Tall Oaks 2 Tall Oaks Dr. 65 1.03 acres	
SUBDIVISION NAME LOT # STATE RD NAME & # SIZE OF LOT OR TRACT	
Type of dwelling ☑ Modular ☐ Mobile Home ☐ Stick built ☐ Other	
Number of bedrooms 1 🗆 2 🗆 3 🗀 4 🔯 or more 🗆 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: 60 on highway 210 south to	
Bethel Baptist Drive. Take left from 210 to	
Bethel Baptist and go down for about a mile.	
- I all Oaks Drive will be on the lost Take lost and the house wi	U
following:	
1. A "surveyed and recorded map" and "deed to your property" (not your bours) must be attached to your property.	
und application along with a site plan snowing (a) location of dwelling (b) location of drivous (a)	
location of alla Mella and Other existing structure	1
CY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	h
510-093-7347 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.	
2/3/10	

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 [X] 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? Petring Jones 3. If you have a garbage disposal, how often is used? [] daily [x] weekly [] monthly 4. When was the septic tank last pumped? Only Mow often do you have it pumped? Only once If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly 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? [XYES [] NO If yes, please list tribipato and contenta 10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind? ______ 11. Have you put any chemicals (paints, thinners, etc.) down the drain? []YES [X] 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 MNO 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. Source water was running on the property. I noticed in October. After drained it rain't happened again. 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



Nº 1072 -A

OPERATIONS PERMIT

Name: (owner) CHOO CHOO HOMES		New Installation	Septic Tank		
Property Location: SR# 2048 B	ETHEL BARTIST RO	☐ Repairs	Nitrification Line		
		Lot # 2	1000		
TAX ID#		Quadrant #			
Contractor: HAROLD CARTER		Registration #			
Basement with Plumbing:	Garage:	2	,		
Water Supply:	Community				
Distance From Well:	ft.				
Following are the specifications for the sewage disposal system on above captioned property.					
Type of system:	Other Pump	To CONVENTIONAL			
Size of tank: Septic Tank: 1000	gallons Pu	mp Tank: 1000 gal	lons		
Subsurface No. of ditches 3	exact length of each ditchft.	width of de ditches3ft. dit	pth of tches \frac{18}{2} in.		
French Drain: Linear			8		
	Date: 5	20/04			
PERMIT NO. 30805 Inspected by:					
	300	Environmental He			
* TANKS & DRAW LINES CHECKED ON 5/18/04			This LYP TALL		
BY OT		34 5-2	CAKS OAKS		
* FILTER & PRESSURE HEAD 150		0-0	DEIVE		
CHECKED ON \$ 124/04			50' R/W		
			Lee \ \ \		
a a		1 1	39' —		
			- 120° -		
			l		