

cell # 910-551-1505

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

04.5-10928R

APPLICATION FOR REPAIR

Joseph + Kathy Dwyer 919-498-3546 910-394-7983
NAME PHONE # (home) PHONE # (work)

109 PATTON LN, Cameron NC 28326
ADDRESS MAILING ADDRESS IF DIFFERS

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

Cameron Hill 26 + 27 .86
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:
27 west to 24 left on 24 left on
to CAWIN Rd right on to PATTON LN

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.

Joseph Dwyer 25 JAN 05
Signature Date

1/25(s)

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? 2 # adults 2 # children 4 # 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? Month 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? toilet bowl cleaner
drain cleaner
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. TANK backing up since we moved in a year
ago had it pump a month ago still backed up
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 _____

Initial Application Date: 12/16/04

Appl # 0450010958R

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: Mrs. Martha Suggs Mailing Address: 109 Patton Ln.
City: Cameron State: NC Zip: 28326 Phone #: (919) 498-3546

APPLICANT: Joseph and Kathy Dwyer Mailing Address: 109 Patton Ln
City: Cameron State: NC Zip: 28326 Phone #: 919-498-3546

PROPERTY LOCATION: SR #: _____ SR Name: 109 Patton Ln
Address: 109 Patton Ln Cameron NC 28326

Parcel: 0995750095 PIN: 19575-44-1901,000

Zoning: RA-20M Subdivision: Cameron Hill Lot #: 26427 Lot Size: 1 Acre

Flood Plain: Y Panel: 0150 Watershed: N/A Deed Book/Page: 00503/0072 Plat Book/Page: 10/48

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27.5 TO 24/27 Make Left
At the stop sign Property Located 2 Miles on your
Left side

PROPOSED USE: modular 31.4 x 71.6

Sg. Family Dwelling (Size 28 x 72) # of Bedrooms 3 # Baths 3 Basement (w/wo bath) N/A Garage N/A Deck N/A

Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____

Manufactured Home (Size 28 x 72) # of Bedrooms 3 Garage _____ Deck _____

Number of persons per household 4

Business Sq. Ft. Retail Space _____ Type _____

Industry Sq. Ft. _____ Type _____

Church Seating Capacity _____ Kitchen _____

Home Occupation (Size _____ x _____) # Rooms _____ Use Revision/w no fee

Additional Information: _____

Accessory Building (Size _____ x _____) Use _____

Addition to Existing Building (Size _____ x _____) Use _____

Other _____

Additional Information: _____

Water Supply: County Well (No. dwellings _____) Other _____

Sewage Supply: New Septic Tank Existing Septic Tank County Sewer Other _____

Erosion & Sedimentation Control Plan Required? YES NO

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Structures on this tract of land: Single family dwellings 1 Manufactured homes 1 Other (specify) _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	<u>50</u> <u>110</u>
Rear	25	<u>60</u> <u>100</u>
Side	10	<u>10/18</u> <u>30/17</u>
Corner	20	<u>10</u>
Nearest Building	10	<u>400</u> <u>1</u>

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Signature of Owner or Owner's Agent: J. J. Jise

Date: 12/16/04

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION

1/24 (5)

NOTE:
THIS SURVEY IS OF ANOTHER
THE RECOMBINATION OF AN
COURT-ORDERED SURVEY, OF
THE DEFINITION OF SUBDI

LOT 31
M.B. 10, PG. 48

LOT 30
M.B. 10, PG. 48
CARLTON PATTON
D.B. 1224, PG. 480

LOT 29
M.B. 10, PG. 48
CHRISTOPHER DRIVER
D.B. 1970, PG. 247

LOT 28
M.B. 10, PG. 48
CHRISTOPHER DRIVER
D.B. 1970, PG. 247

LOT 25
M.B. 10, PG. 48
PATTON
PG. 315

TOTAL AREA
36,231 sq.ft.
(0.83 AC.)

LOT 26

LOT 27

FENCE
ENCROACHMENT
BY 16'

NOTE: FENCE
TO BE REMOVED

EXISTING
IRON

THIS PL
FLOOD I
MAP NUI
OF THE
AGENCY.

NORTH CA
PRESENTS
OF *Jar*

RECORDED
Kimber
REG:



SITE PLAN APPROVAL

DISTRICT *Broom* USE *Modular*

#BEDROOMS 4

1-19-05

GEORGE HILLIKER
D.B. 783, PG. 905



TOWNSHIP
JOHNSONVILLE
ZONING ADMINISTRATOR

SURVEY FOR

JOSEPH DWYE
KATHY DWY
109 PATTON

1-50

LOT 11

18