

Applicant *done 8/14/08*
needs to come to
office to obtain
sign, flag, go over
instructions - Before
Processing.

**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 Paul and Jennifer Durst PHONE # (HOME) PHONE # (WORK/CELL)
ADDRESS 60 S. Bayberry Court, Sanford / NC 27332 MAILING ADDRESS IF DIFFERS

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

SUBDIVISION NAME Crestview LOT # Lt. 232 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: Enter Crestview subdivision. Take 1st Left, then
turn Right on Crystal Springs Dr. Follow all the way to Stop sign. Turn Right,
then 1st Left on to Sweet Bayberry. House is at end of cul-de-sac, # 60.

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] 8-6-08
Signature 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 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 none

4. When was the septic tank last pumped? 8-4-08 How often do you have it pumped? home built in 2005 - first pump

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 - already marked
Please check all that apply [] Power [] Phone [] Cable [] Gas [] Water by utility company

16. Describe what is happening when you have problems with your septic system and when was it first
noticed. see attached report!

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 _____

HTE # DS-500-11881

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17898

OPERATIONS PERMIT

Name: (owner) Steve Johnson (aka Home) New Installation Septic Tank Repair

Property Location: SR# 1115 Nitrification Line Expansion
Subdivision CLAYTON Lot # 232 Tax ID # _____ Quadrant # _____

Contractor: Ted Brown Registration # _____

Basement with Plumbing: Garage: LINE ON TANKS ON 9.22.05
Water Supply: Well Public Community
Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

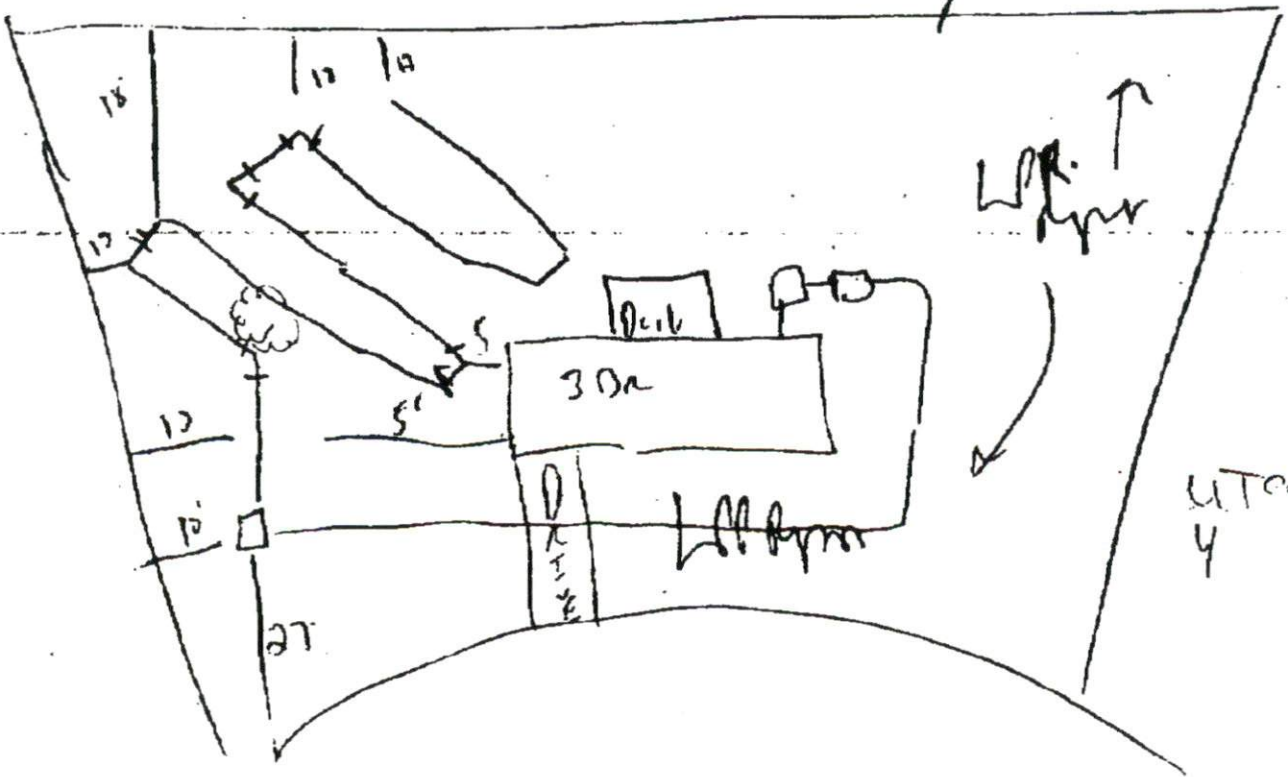
Type of system: Conventional Other PURPOSE 25% REDUCTION STS PER

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 225 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet Date: 10-21-05

PERMIT NO. 22663 Inspected by: Jim L... 4



JONES SEPTIC TANK SERVICE		
a div of 8WJ, Inc.		
P O BOX 409		
PH: 875-7616	HOPE MILLS, NC 28348	FAX: 875-1777

Onsite Wastewater System Inspection

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 60 SWEET BAYBERRY CT.

Current Owner of Record _____

Inspection requested by: REMAX PREMIER - RACHEL

Date of Inspection: 08/04/08

Copy of Operations permit from HARNETT County Environmental Health attached

Year home was built 2005 Number of Bedrooms 4

Type of water Well Public Water Community Water

Location of Septic Tank and septic tank details:

- | | |
|---|----------------------------------|
| <u>YES</u> Property lines marked | <u>1000</u> (gal) tank capacity |
| <u>6'</u> ft from house or structure | _____ ft from well |
| <u>**</u> ft from water line (water line is over or under supply line) | <u>30'</u> ft from property line |
| <u>2"</u> approximate distance from surface to top of tank | <u>NO</u> Access riser (s) |
| <u>YES</u> Tank lids intact | <u>YES</u> Baffle wall present |
| <u>NO</u> Outlet T present | <u>YES</u> Outlet has filter |
| <u>YES</u> Effluent leaves the outlet | <u>NO</u> Roots present in tank |
| <u>SUF</u> Inflow to tank is noted as <u>sufficient</u> / insufficient or blocked | |
| <u>NO</u> Evidence of infiltration into tank of surface water | |
| <u>NO</u> Evidence of tank leakage noted | |
| _____ Unable to locate tank. System inspection cannot be completed until tank is located. | |

Date tank was last pumped 08/4/08

Percentage of sludge detected in tank 30 %

Client representing this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature [Signature] Date 8-5-08

System does / does not have pump tank.

Riser in tack? yes / no

Floats in tack / mounted? yes / no Working? Yes / no

Electrical box? Yes / no

Nemix 4 box? Yes / no

Electricity on? Yes / no

System does / does not require a subsurface operator.

Drainfield: Located 10' ft from property line
75 ft from septic / pump tank
1 # of lines located
225' length of line(s)

Type of System: Conventional Alternative Other

Yes / no Large trees or other vegetation noted over drainfield area.

Yes / no Evidence of traffic over drainfield

Briefly describe: ONE PINE TREE AT CORNER OF DRAINLINE

Other pertinent facts noted during inspection: FIVE (5) OUT OF (6) HOLES DUG WERE FOUND TO HAVE CRUSHED INFILTRATOR CHAMBERS.

Inspector Name: WAYNE JONES Certification # 12971

Address: P. O. Box 409 Hope Mills, NC 28348

Phone: 910 875-7616

Inspector Signature: [Signature]



PLEASE DELIVER IMMEDIATELY:

TO: _____

FAX # 910-8939371

DATE: 8/6/08

RE: 60 Sweet Bayberry Ct

FROM: Vta Belletete

NUMBER OF PAGES: 7 including cover

In the event of transmission problems please call (910) 484-0163

MESSAGE: _____

