HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD.

LILLINGTON, NC 27546

Application for Repair Replaced Replaced Repair

		EMAIL ADDRESS: 1	dickens@gmailium
NAME Richard NS	DICKERS	PHONE NUMBER	0 551 7814
PHYSICAL ADDRESS 101 W	hite Tail Pat	L, Ernio, NC.	28339
MAILING ADDRESS (IF DIFFFERENT	THAN PHYSICAL)		
IF RENTING, LEASING, ETC., LIST PI	ROPERTY OWNER NAME		
DAYS PAIN FORMS			217 Acry
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home	[i] Stick built [] Other	
Number of bedrooms3	[] Basement	(lauxou	\mathcal{X}
Garage: Yes [] No []	Dishwasher: Yes [p]	No[]	Garbage Disposal: Yes [/ No []
Water Supply: Private Well	[] Community Syste	•••	
Directions from Lillington to your si	te: 421 towa	ads Dunn - I	yro Right
en Hall Rd	so straight	across old	STUGE Rel
Jurn Lyst on	White Toil	Path	
			1
2. The outlet end of the tank a uncovered, property lines flaus at 910-893-7547 to confine the property by snow at 910-893-7547 to confine the 910-893-7547 to confine th	map and deed to your proper survey map. Indicate the distribution box will not be a survey and the distribution box will not be a survey and the survey of	eed to be uncovered and propert marked, and the orange sign has	oplication. Please inform us of any y lines flagged. After the tank is been placed, you will need to call
Your system must be repaired within etter. (Whichever is applicable.)	1 30 days of issuance of the I	mprovement Permit or the time	set within receipt of a violation
By signing below, I certify that all of the denial of the permit. The permit	the above information is cor is subject to revocation if the	rect to the best of my knowledge e site plan, intended use, or own	e. False information will result in ership changes.
AMU M		1.5/.16	
ighature		Date	Call 1st per Note 1/14/14
			1/14/16 N

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 WO Also, within the last 5 years have you completed an application for repair for this site? [] YES WO
Year home was built (or year of septic tank installation) 2006
Installer of system
Septic Tank Pumper
Designer of System
1. Number of people who live in house?
3. If you have a garbage disposal, how often is it used? [r] daily [] weekly [] monthly
4. When was the septic tank last pumped? ————————————————————————————————————
6. 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 [X] NO If yes please list
10. Do you put household cleaning chemicals down the drain? [] YES [1] NO If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [YNO
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? [1] 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?
SANDIA 44 GROUND SUFFEREN DOOR DEGIN FINDS
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
D- Box Replaced DRC 15, Drown Lines Voltamend, Teals Promod
D-Box Replaced DRC 15, Drown Lines Vacamend, Tente Pamped Contrad Drain field not clay(sand = Serrage coming up through
State of the state

1/15/2016 Met with Mr. Dickerson, think the
problem is a damaged stepdown. Advised Mr. Dickerry to have
lineared Septic contractor to look at problem. He stated that the D-Box
had already been replaced

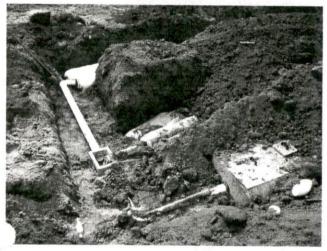


TM- Whithouton Bulders Lot 11

SR 1769 DBBR PATH

610 55HGE FARMS

06-5-14362









HAR TT COUNTY HEALTH DEPART! NT

HTE# 06-5-14302 06-5-14307 500066

IMPROVEMENT PERMIT 22864

Be it ordained by the Harnett County Board of Health as f construction of any building at which a septic tank system is to be u permit from the Harnett County Health Department."	used for disposal of sewage without first obtaining a written
Name: (owner) Whattenton Buildens N	New Installation Septic Tank Repair
Property Location: SR# 1769 OID STREES	Nitrification Line Expansion
Subdivision DEER PATH FARMS	Lot #
Number of Bedrooms Proposed : 3600000	
Basement with Plumbing: Garage:	Lot Size
Water Supply: Well Public Communi	
Distance From Well: ft.	ty
Following is the minimum specifications for sewage disp	oosal system on above captioned property.
Subject to final approval.	
Type of system: Conventional Other <u>25%</u>	Reduction Syst =
Size of tank: Septic Tank: 1000 gallons Pump	<u>,</u>
Subsurface No. of exact length Drainage Field ditchesft. of each ditch	width of depth of ft. ditches 3 ft. ditches in.
French Drain Required:Linear feet	Date: 3-30-06
This permit is subject to revocation if site plans or intended use change. The plans of intended use change The plans of the plans	Signed Environmental Health Specialist
WHITE TAPE	\

