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

LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

	Applicati	on for Repair	entry A
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Timon	ie Cassie Ir	EMAIL ADDRESS:	ocassie @ amai/a con
NAME///////	ie cussie or	PHONE NUMBER	710-689-1412
PHYSICAL ADDRESS_	50 Breezeword Dr C	illington, NE 27.	544
MAILING ADDRESS (IF	DIFFFERENT THAN PHYSICAL) 1346	N. Brickyard ld 1	let 1214 Columbia, SC 29.
IF RENTING, LEASING,	ETC., LIST PROPERTY OWNER NAME	Jimmie Casie	de
Woodshire	114		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: []	Modular [] Mobile Home	[]Stick built []Other	S. EST/MACI
Number of bedrooms	3 [] Basement		
Garage: Yes [No []	Dishwasher: Yes []	No []	Garbage Disposal: Yes[]No[]
Water Supply: [] Priv	ate Well [] Community Syste	em Hounty	1
Rd. TURN	T/ 0-	1 about 9 mi	les to Nursery
will be	Woodshire Sub	division	THE ON CO
In cardon for South			
wells on the pro 2. The outlet end of uncovered, prop	ental Health to help you with your red recorded map" and "deed to your property by showing on your survey map. If the tank and the distribution box will neerly lines flagged, underground utilities in the tank and the distribution box will neerly lines flagged, underground utilities in the tank and the distribution box will neerly lines flagged, underground utilities in the tank and ta	eed to be uncovered and proper	pplication. Please inform us of any
us at 910-893-75	47 to confirm that your site is ready for	evaluation.	been placed, you will need to call
letter. (Whichever is appl	aired within 30 days of issuance of the licable.)	mprovement Permit or the time	set within receipt of a violation

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 changes.

Signature

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 [] NO Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO Year home was built (or year of septic tank installation) ____ Installer of system Septic Tank Pumper Designer of System Number of people who live in house? # adults # children 2. What is your average estimated daily water usage? gallons/month or day water. If HCPU please give the name the bill is listed in_ 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? 3mm/15 (Show often do you have it pumped? 5. If you have a dishwasher, how often do you use it? 4 1 daily [] every other day 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 [JNO 9. Are you or any member in your household using long term prescription drugs, 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 [4]NO 12. Have you installed any water fixtures since your system has been installed? [] YES [4]-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? [] YES LINO 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? 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 New Yains,

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	nett County Department of Public Health 18840
PERMIT # <u>623025</u>	Operation Permit
	New Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION:
Name: (owner) Carres Land System Installer: DC Carres	Or SUBDIVISION Wodshire LOT # 114 Registration #
Basement with plumbing: Garage Numb Type of Water Supply: Community Public System Type:	
(In accordance with Table V a)	
This system has been installed in compliance with applicable North	The second statutes, Rules for Sevage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
PERMIT CONDITIONS: I. Performance: System shall perform in accor If Monitoring: As required by Rule 1961	ince with Rule .1961.

N

System Installer: DC CARRO Registration #	
Basement with plumbing: Garage M Number of Bedrooms	
Type of Water Supply: Community Public Well Distance from well Form System Types V and VI Systems expire in 5 years.	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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100 hour	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 No 🗆	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
Y. Other:	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gas width of depth of depth of Drainage Field ditches feet ditches feet ditches inches	allons
French Drain Required: Linear feet	
Authorized State Agent Date 1125 56	



