

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

Shawn + Wendy Nelson 910-814-3123 910-514-2458
NAME PHONE # (HOME) PHONE # (WORK/CELL)

196 Williams Creek Dr Erwin NC 28339
ADDRESS MAILING ADDRESS IF DIFFERS

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

Byrds Pond Estate 13 .75 ACRE
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: 401 S. about 10 miles, turn (R) on Byrds
pond rd., turn (L) into Byrds Ponds Estate about 1 mile, last
house on Williams Creek Dr on (R)

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.

Wendy B Nelson
Signature

5-5-09
Date

HOMEOWNER INTERVIEW FOR...

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 [X] NO

Installer of system Jones Septic
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults 1 # children 3 # total
2. What is your average estimated daily water usage? 124 gallons/month or (day) county water
If HCPU please give the name that the water bill is listed in? Wendy B Nelson
3. If you have a garbage disposal, how often is used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? 3/20/2009 How often do you have it pumped? once in 2 1/2 years
5. If you have a dishwasher, how often do you use it? [] daily [X] every other day [] weekly
6. If you have a washing machine, how often do you use it? [] daily [X] every other day [] weekly [] monthly
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain? _____
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy?
[] YES [X] NO If yes, please list _____
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 [X] 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 [X] 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 [X] NO If yes, please list _____
15. Are there any underground utilities on your lot? [X] YES [] NO
Please check all that apply [X] Power [X] Phone [] Cable [] Gas [X] Water
16. Describe what is happening when you have problems with your septic system and when was it first
noticed. Toilets not flushing properly. checked clean-out on the side
of the house before the septic and had water standing in pipe.
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,
household guests)? [] YES [X] NO If yes, please list _____

HTE #06-5-1525R

CLARK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

18714

OPERATIONS PERMIT

Name: (owner) JCH CONTRACTING & DEV. GROUP New Installation Septic Tank Repair

Property Location: SR# 2026 BYRO POND RD Nitrification Line Expansion

Subdivision BYRO POND EST. Lot # 13 Tax ID # _____ Quadrant # _____

Contractor: JONES SEPTIC TANK SERVICE Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

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

Type of system: Conventional Other QUICK 4 CHAMBER

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

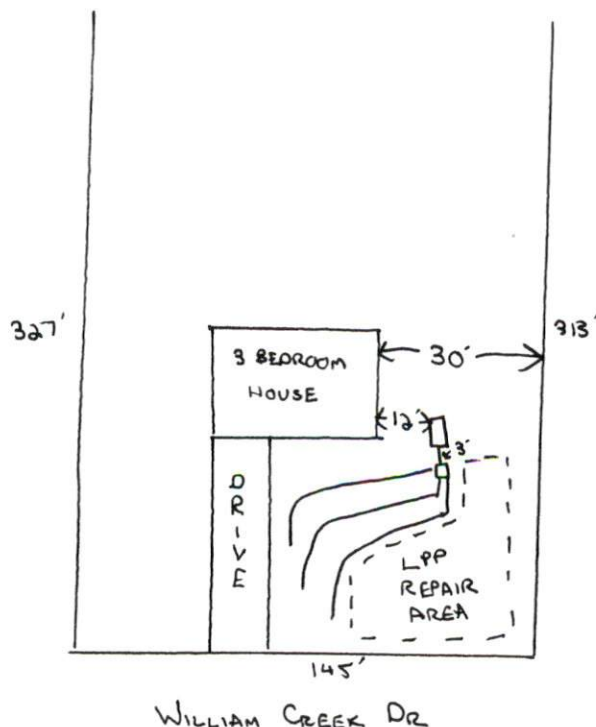
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24-18 in.

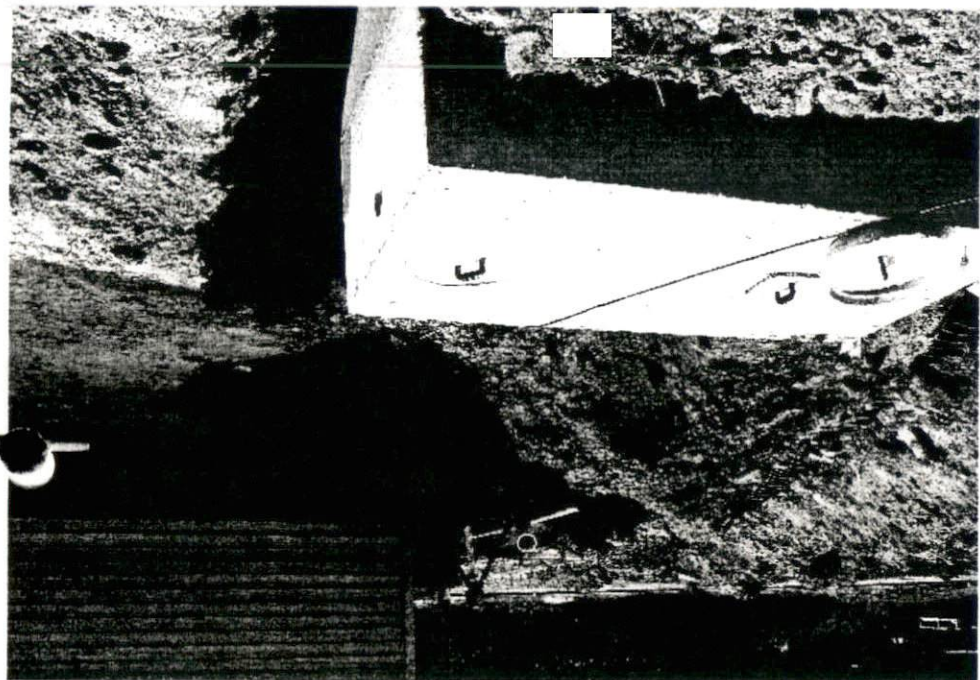
French Drain Required: _____ Linear feet

Date: 9/12/06

PERMIT NO. 23171

Inspected by: [Signature]





06-5-15256R

