3/26/12-5

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

Dame B	. i . i	EMAIL ADDRESS: dawn	ne bjorklund@hotmail 58-1559/(910)489-609			
NAME Dawne Bjor	klund	PHONE NUMBER (910) 6	58-7559/(910)489-609			
PHYSICAL ADDRESS_151 G	atwest Drive	Bunnlevel, NO 28	32,3			
MAILING ADDRESS (IF DIFFFEREN						
IF RENTING, LEASING, ETC., LIST F	PROPERTY OWNER NAME_					
Gatewest	8		1 0 2 0			
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	1,03 Acres			
Type of Dwelling: [] Modular	[] Mobile Home	[] Stick built [] Other	SIZE OF EGITTRACT			
Number of bedrooms 4	[] Basement					
Garage: Yes [No []	Dishwasher: Yes	M No[]	iarhago Dienasak Wasan da			
Water Supply: [] Private Well [] Community System [] County						
Directions from Lillington to your	site: 210W > Rigi	ht onto Advan Ou				
Slight right onto	Demeul Black	ht onto Anderson Creek ck Road - Right onto	Gatwest Drive			
wells on the property by sh 2. The outlet end of the tank a uncovered, property lines fl us at 910-893-7547 to confi Your system must be repaired withil letter. (Whichever is applicable.) By signing below, I certify that all of the denial of the permit. The permit	owing on your survey map. and the distribution box will agged, underground utilitie irm that your site is ready for a 30 days of issuance of the the above information is co is subject to revocation if the	e Improvement Permit or the time se	lication. Please inform us of any lines flagged. After the tank is sen placed, you will need to call et within receipt of a violation			
Wawae Bjor hue Signature	nd	3/22/2012 Date				

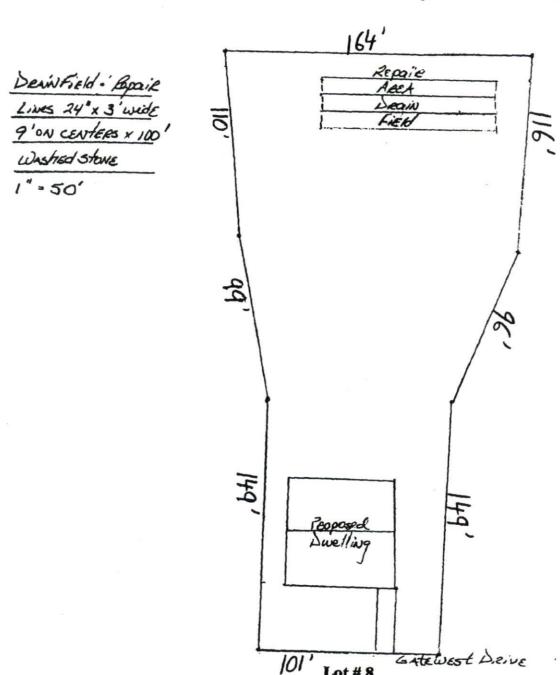
HOMEOWNER INTERVIEW FORM

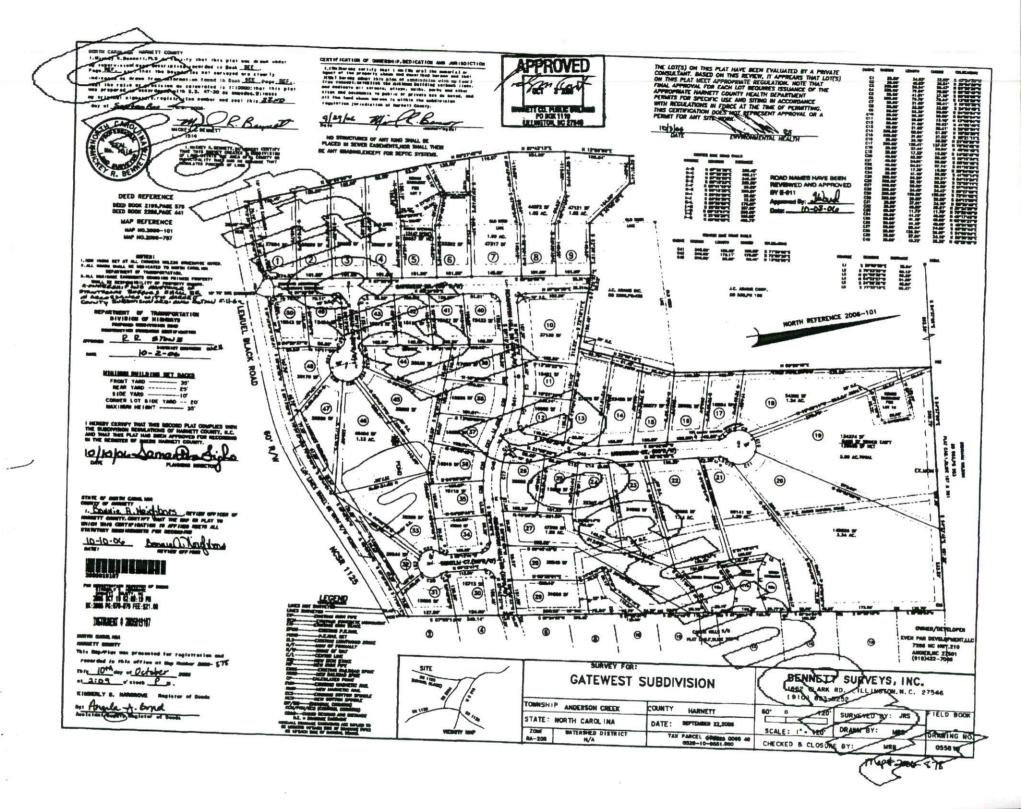
It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

Also, within the last 5 years have you completed an application for repair for this site? [] YES	LÁ NO
Year home was built (or year of sentic tank installation)	V (1.10
mistaller of system	*
Septic Tank Pumper	
Designer of System	
1. Number of people who live in house? 2 # adults 2 # children 2. What is your average estimated daily water usage? gallons/month or day	. 11
2. What is your average estimated daily water usage?	# total
water. If HCPU please give the name the bill is listed in	county
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly	1/4
To when was the septic tank last pumped? — How often do you have it	
o. If you have a distinguisher, now often do you use it? [] daily	
o. If you have a washing machine, how often do you use it? [1 daily [1 gyory other double	
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?	Kiy [] monthly
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO	
9. Are you or any member in your household using long torm processing to the second se	or
chemotherapy: [X] YES [NO If yes please list Long term prescription of	
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 [X] NO	
12. Have you installed any water fixtures since your system has been installed 2.1.1 years and	Olfwan
please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, to	lets
13. Do you have an underground lawn watering system? [] YES [X] NO	
14. Has any work been done to your structure since the initial move into your home such as, a	a roof, gutter
drains, basement foundation drains, landscaping, etc? If yes, please list yes-frees cut	down
15. Are there any underground utilities on your lot? Please check all that apply:	
[] Power [] Phone [] Cable [] Gas [] Value of the state of the st	Nater
	vhen was this
Sewage is rising above ground in the backyard	
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash cloth	
rains, and household guests?) [] YES [X] NO If Yes, please list	ies, heavy

subdivision County. SITE PLAN APPROVAL DISTRICT PARCE USE ST w/agent #BEDROOMS ILL BE 8 SHALL THEIR N 07°43'13"E SYSTEMS. N 00°27'42"W 164.00 116.07 5×60 128.60 S 88°43'40"W 110.88 37' 82°26'17"E WER SEMENT FOR 82°30'18"E OT 7 S 87002124"W 44872 SF '39"E 4712 1 03 AC. 8.46 1.08 340.97 OLD DEED 14 SF(TOTAL LINE 47 SF(SE) 07 SF NET 1.09 AC. \$33392 SF Z 82°30#19"E 47317 SF 82°30'19"W 49.12 63×60 49.22 101.00 101.00' 145.00 **91.00** 101.0 S 07°29'55"W /EST DR. (50' R/W) N 07°29'55"E 25 N 07°29'55"E 2! .00' 100.00' 81.61' 10' D.E. 182.99' S Z

Gatewest Subdivision Lemuel Black Road (SR1125) Anderson Creek, Harnett County, North Carolina





HTE# 06-5-16154

Harnett County Department of Public Health

20335

			zamily Department of Fubility Tealth 20000	
PE	RMIT # 250	242	Operation Permit	
			New Installation Septic Tank Repair Nitrification Line Exp	ansion
			PROPERTY LOCATION: LENUEL BLACK RO	diston
Na	me: (owner)	QUEST DEV. CO. IVC	SUBDIVISION GATENEST LOT # 8	
Sys	tem Installer:	OTIS STRICKLAND	Registration #	
	ement with plumb		3	
Тур	e of Water Supply	r: Community De Public Well	Distance from well feet	
	tem Type:		Types V and VI Systems expire in 5 years.	
(In	accordance with 1	Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This	system has been insta	lled in compliance with applicable North Carolina General Sta	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
			1613	
			Pume 70	
		1 (85%	
			RED.	
		-	REPAIR 116'	
		\		
)	
		\	/96'	
		\		
) (
			* -	
			60	
			5.30	
			63 ×60' 149	
			QL VICE	
PERM	1IT CONDITIONS:			
I.	Performance:	System shall perform in accordance with Rule .	.1961.	
II.	Monitoring:	As required by Rule .1961.		
III.	Maintenance:	As required by Rule .1961. Other:		
		Subsurface system operator required? Yes N		
IV.	Operation:	If yes, see attached sheet for additional operation	uon conditions, maintenance and reporting.	
****	operation.			
٧.	Other:			
Follo	wing are the speci	fications for the sewage disposal system on the a	, , , ,	
	of system:	/ \	5 5 5	allons
	rface age Field	No. of exact length ditches of each ditc		
	h Drain Required:		tch <u>240</u> feet ditches <u>3</u> feet ditches <u>12-14</u> inche	5
-	nequired.	and the second		-
Auch	orized State Ag		as label as	
nutil	onzeu state Ag	ent all a leading	Date 1016 08	

