

**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

EMAIL ADDRESS: andy@abdenning.com

NAME Andrew + Paige Denning PHONE NUMBER 919-255-2644

PHYSICAL ADDRESS 354 Cedar Rock Trail Fuquay Varina, NC 27526

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

<u>Cedar Rock</u>	<u>2</u>	<u>Cokesburg</u>	<u>10 acres</u>
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 4 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site: 401 towards Fuquay, Left on Christian Light Rd - left on Cokesburg Rd. - Left on Cedar Rock Trail Down hill. 1st house on right @ bottom of hill

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" must be attached to this application. Please inform us of any wells on the property by showing on your survey map.
2. The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank is uncovered, property lines flagged, underground utilities marked, and the orange sign has been placed, you will need to call us at 910-893-7547 to confirm that your site is ready for evaluation.

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation letter. (Whichever is applicable.)

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.

Paige Denning
Signature

5-4-15
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 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) 2008

Installer of system Jason Matthews

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults 3 # children 5 # total
2. What is your average estimated daily water usage? _____ gallons/month or day _____ county 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? Never How often do you have it pumped? _____
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 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 [] NO
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? [] 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** landscaping
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?
Inspection Done - See attached report
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** _____

HTE# 08-5-19128

Harnett County Department of Public Health

20099

PERMIT # 24550

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: COXESBURY RD

Name: (owner) ANDREW & PAIGE DENNING SUBDIVISION CEDAR ROCK LOT # 2

System Installer: JASON MATHEWS Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

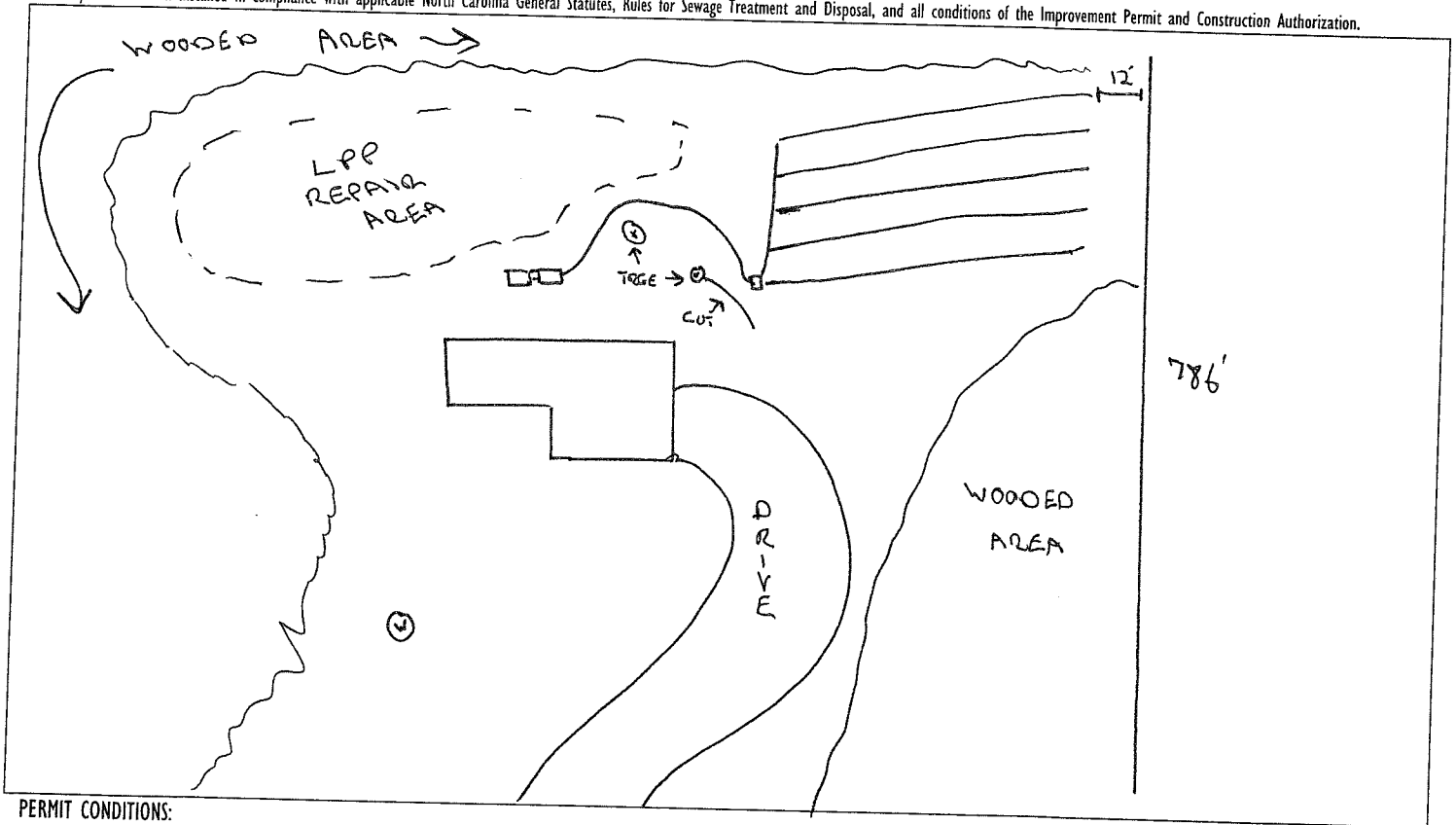
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIb 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.



PERMIT 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 No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: 11/23/08
Pump & Alarm STILL TO BE CHECKED. EVERYTHING ELSE CHECKED BY OT

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

Type of system: Conventional Other Pump To 10" LDP Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 5 of each ditch 80 feet ditches 1.5 feet ditches 16 inches
 French Drain Required: _____ Linear feet

Authorized State Agent

RS

Date 12/23/08

COMMENTS:

5/6/2015 Spoke with Mr. Denning, told him that the drain field was not functioning properly. I said he would have Jason Matthew (Septic contractor) call me & we would meet on the property & try to determine what the problem is.