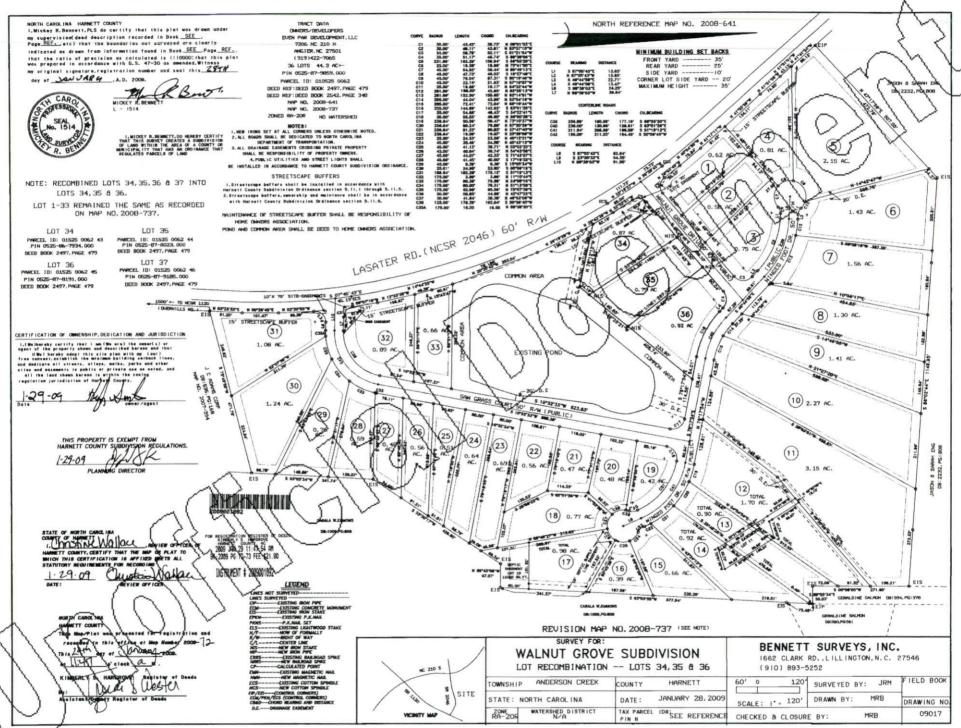
HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair
1
NAME PHONE NUMBER 919 - 412 - 2230
PHYSICAL ADDRESS 5020 SALEM KIDGE LO HOLLY SPRINGS NC 27540
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) PO BOX 1008 HOLLY SPRINGS NC 27540
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME
NALNUT GROVE Z3 SAWGRASS CT ,69
SOBBIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home Stick built [] Other
Number of bedrooms 3 [] Basement
Garage: Yes No [] Dishwasher: Yes N No [] Garbage Disposal: Yes [] No []
Water Supply: [] Private Well [] Community System
Directions from Lillington to your site: Hwy 210 S TOWNS SPRINGLAKE GO SEE ON LASSITED
Directions from Lillington to your site: Hwy 210 5 TOWARD SARINGLAKE GO LEFF ON LASSITER Rg. 5/B 15 1 MILE ON LEFT. T/L ONTO SAWGRASS CT.
HOUSE IS ON RIGHT.
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" which have the second to comply by completing the following:
 A <u>"surveyed and recorded map"</u> and <u>"deed to your property"</u> must be attached to this application. Please inform us of any wells on the property by showing on your survey map. 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 assessment of the tank is
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.

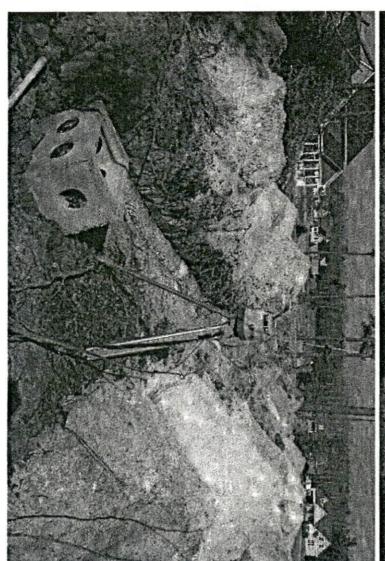
Signature

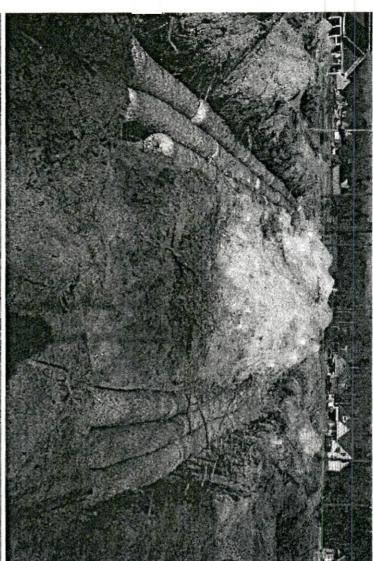
HOMEOWNER INTERVIEW FORM

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) 1010 Installer of system MIKE RAY Septic Tank Pumper N/A NEUER PUMPED - SYSTEM 3 4R5 BLD 1 YR IN USE Designer of System HARNETT COUNTY ENVIRONMENTEL OLIVER TOLKSDORF
1. Number of people who live in house? # adults # children # tota 2. What is your average estimated daily water usage? MINIMUM gallons/month or day HARNETICOUNTY water. If HCPU please give the name the bill is listed in
 If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly **/** When was the septic tank last pumped? **MLV(R*) How often do you have it pumped? **/** How often do you have it pumped? **/** Meekly [] every other day ** Weekly [] weekly [] weekly [] monthly If you have a washing machine, how often do you use it? [] daily [] every other day ** Weekly [] monthly Do you have a water softener or treatment system? [] YES ** NO Where does it drain?
 Do you use an "in tank" toilet bowl sanitizer? [] YES [] NO Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [X] NO If yes please list
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
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed? SEPTIC TRUK PUMP FAILED
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#10-5-23757 Harnett County Department of Public Health
PERMIT # 25902 Operation Permit 21854
TENIN # 515 1501
New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: LASATER RO
Name: (owner) PALMETTO BUILDING INC SUBDIVISION WALNUT GROVE LOT # 23
System Installer: MIKE RAY Registration #
Basement with plumbing: Garage X Number of Bedrooms
Type of Water Supply: Community Public Well Distance from well 100 feet System Type: 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.
Daring 1
Dr. Dr. LC 3200
REOVER
PT
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366
HOUSE
HOUZE
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SAW COASS CT
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961.
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:
ir. Operativii.
V. Other:
D-BoxPumpAlarmH20LinePWR L
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other Prine to EZ Frow Septic Tank: 1000 gallons Pump Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 1 of each ditch 200 feet ditches 3 feet ditches 20:30 inches
French Drain Requireds Linear feet Linear feet





10-5-25757





HTE#10-5-23757

Harnett County Department of Public Health

25902

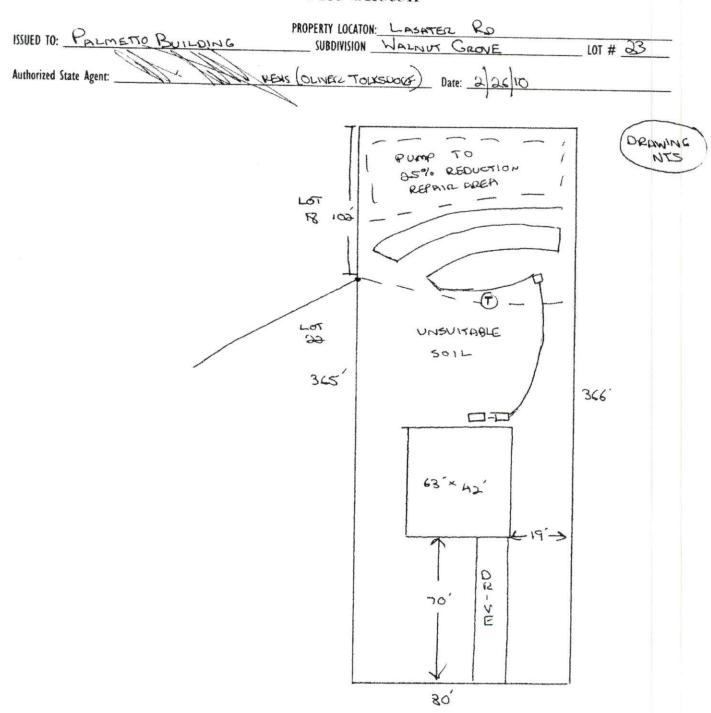
Improvement Permit

	A building permit cannot be issued with	only an Improvemen	nt Permit		
ISSUED TO: PALMETO BUILDIN	C NC. SUPPLIATED	OH: LASATE	250		
Mercy Read					33
Type of Structure: SFO (42763')	3	orre improvements t	equired prior to Construction Auth	iorization Issuance:	
Proposed Wastewater System Type: Pume to &	15% REDUCTION				
Projected Daily Flow: 480 GPD	1000000				
Number of bedrooms: Y Number of Oc	cupants: 8 max				
Basement 🗆 Yes 🔀 No					
Pump Required:	quired based on final location and elevatio	ns of facilities			
Type of Water Supply: Community Public	☐ Well Distance from well 10	O feet	Permit valid for:	Five year	
Permit conditions:			Termit rung jot.	☐ No expira	
the An			-	- no expira	ation
And the state of t		1-1			
Authorized State Agent:	REHS Date: 2	12610	SEE AT	TTACHED SITE SKETC	CH
The issuance of this permit by the Health Department in no way gua- site is subject to revocation if the site plan, plat, or the intended us	antees the Brance of other permits. The permit hal	der is responsible for ch	The state of the s		
site is subject to revocation if the site plan, plat, or the intended us the Laws and Rules for Sewage Treatment and Disposal and to condit	ons of this permit.	cted by a change in own	ership of the site. This permit is subject t	o compliance with the p	provisions of
	Construction Auth	orization			
The construction and installation requirements of Rules 1850, 1953	(Required for Building	Permit)			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	1754, 1755, 1756, 1757, 1758, and 1759 are in-	corporated by references	into this permit and shall be met. System	ns shall be installed in a	accordance
ISSUED TO Q			0		
ISSUED TO: PALMETO BUILDING	INC PROPERTY LO	CATION: LAS	ATER RO		
			GIZOVE	10T #	22
Facility Type: SFO(42×63)	New L Expansion	☐ Repair		201 //	
basement! Li Yes W No Basement Fi	eturas? Yes XINO				
Type of Wastewater System** Pump T	0 25% REDUCTION		(Initial) Wastewater Flow-	480	GPD
DEC HOLE DEIDM. II ABBITCABLE 2011			(max) masteriates from.	00	UID
Pump To	35% REDUCTION (R	epair)			
Installation Requirements/Conditions	Number of trenches 1	-F/			
Septic Tank Size 1000 gallons	Exact length of each trench 20	o feet	Tranch Coacing: C	r c	
Pump Tank Size \ \ \circ \corr \ gallons	Trenches shall be installed on conto		Trench Spacing: 9		
0	Maximum Trench Depth of: 20-			inches	
	(Trench bottoms shall be level to +		(Maximum soil cover shall		
	in all directions)	7-1/4	36" above the trench both	tom)	
Pump Requirements:ft. TDH vs	GPM				
7 TON 13.	_ 0111			inches belo	ow pipe
Conditions: WATER LINE MUST	BEIN Form SET	5.1.	Aggregate Depth:	inches abo	ove pipe
52 - 10,7	DE 10 HEART OLFTIE	- 2421EH	1	inch	es total
"If applicable: I understand the parter to "	1: 1"				
*If applicable: I understand the system type specified	is different from the type specified on	the application.	I accept the specifications of t	this permit.	
Owner/Legal Representative Signature:			Date:		
his Construction Authorization is subject to revocation if the site plan, ponstruction Authorization is subject to compliance with	at, or the intended use changes. The Construction Au	uthorization shall not be	transferred when there is a change in ow	vnership of the site. This	1
onstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Dispo	sal and to the condition	is of this permit.	ATTACHED SITE SK	ETCH
	III.	100	1		
uthorized State Agent:	IN REHS	Date:	2/26/10		
	Construction Authorization				

HTE#	10-5-23757	
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Permit # _ 25902

Harnett County Department of Public Health Site Sketch



SAW GRASS COURT