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

910-893-7547 PHONE Please Call - dogg 910-893-9371 FAX to put away. Application for Repair

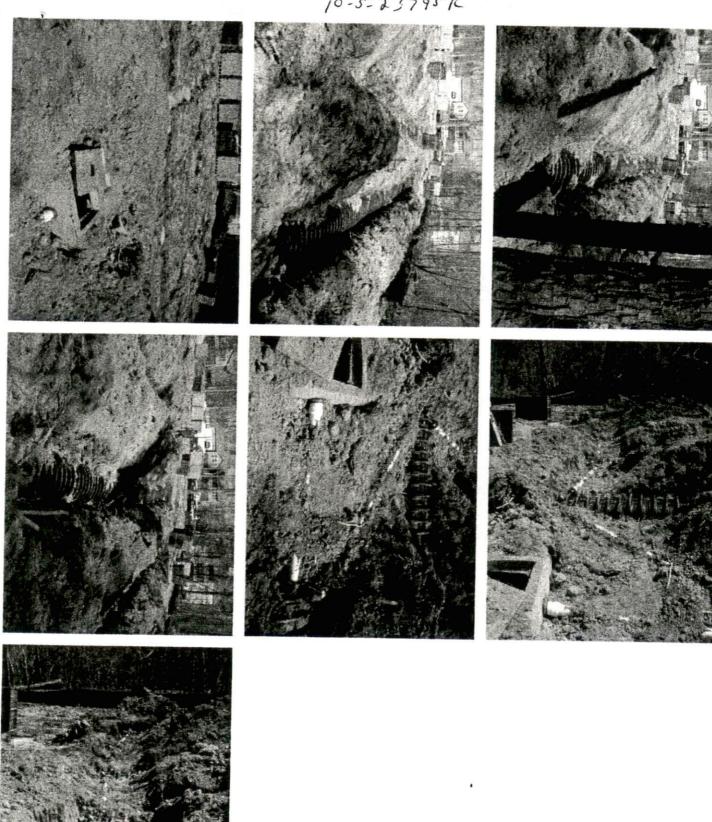
	1	EMAIL ADDRESS:	
NAME_ lara Sipp	<u>sel</u>	PHONE NUMBER_	9194572652
PHYSICAL ADDRESSS() 8	Kinsman C	* Fryray Va	rna NC 27526
MAILING ADDRESS (IF DIFFFEREN			
IF RENTING, LEASING, ETC., LIST P			
Forest Trails	108		5
SUBDIVISION NAME	LOT #/TRACT #	7,1100	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular		Stick built [] Other	
Number of bedrooms 3	[] Basement	lau	petatt'd
Garage: Yes [No []	Dishwasher: Yes	No []	Garbage Disposal: Yes [] No M
Water Supply: [] Private Well	[] Community Syst	tem VCounty	Garbage Disposal: Yes [] No []
Water Supply: [] Private Well Directions from Lillington to your s	ite: Offort Ch	restrantial+	0 - 1
2		· 57 (40 · 1 · 1 · 1 · 1 · 1	(Carl)
			2
In order for Environmental Healt 1. A "surveyed and recorded re	h to help you with your re	epair, you will need to con	aply by completing the following:
wells on the property by sho	Owing on your survey man	perty must be attached to the	nis application. Please inform us of any
Ine outlet end of the tank a	nd the distribution box will a	need to be uncovered and pro	perty lines flagged. After the tank is
us at 910-893-7547 to confir	om that your site is ready for	marked, and the orange sign	has been placed, you will need to call
system must be repaired within	30 days of issuance of the	r evaluation. Improvement Permit or the t	ime set within receipt of a vistal
letter. (Whichever is applicable.)			Tecept of a violation
By signing below, I certify that all of the denial of the permit. The permit is	the above information is cor Is subject to revocation if th	rrect to the best of my knowl	edge. False information will result in
(-		()	
Signature Signature		5/23/16	
Signature V		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 [V] NO Also, within the last 5 years have you completed an application for repair for this site? [] YES [V] NO
Year home was built (or year of septic tank installation) 2010 Installer of system Septic Tank Pumper Hardee S
Designer of System
1. Number of people who live in house?# adults# children# total 2. What is your average estimated daily water usage? gallons/month or daycounty water. If HCPU please give the name the bill is listed in County
 If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped? How often do you have it pumped? If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly 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 [/] NO If yes please list 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 [V] 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
15. Are there any underground utilities on your lot? Please check all that apply:
Power P Phone [] Cable [] Gas [] Water
To. Describe what is nappening when you are having problems with your septic system, and when was this
Boch left corner of log is now black I wet
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

10-5-23795R



HTE#_	10-5	-23	795 K
PERMIT	#25	729	9

Harnett County Department of Public Health

		21286
	PERMIT #25	Operation Permit
		New Installation Septic Tank Repair Nitrification Line Expansion
		PROPERTY TOCATION: C DC. St. c. L. o. L. P. L.
1	Name: (owner)	
9	System Installer:	Lendy Batter Registration #
B	Basement with plur	nbing: Garage Mumber of Bedrooms 3
		oly: Community Public Well Distance from well
	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.
Ti	his system has been in	
Γ	nis system nas been mis	talled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
		Partial Startsof sof 44 Repair Area House footprint only at time of inspection The partial starts of the starts
		13,31
	RMIT CONDITIONS:	
l.	Performance:	System shall perform in accordance with Rule .1961.
H.	Monitoring:	As required by Rule .1961.
Ш.	Maintenance:	As required by Rule .1961. Other:
		Subsurface system operator required? Yes No
IV.	Operations	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
11.	Operation:	BM utilaria
٧.	Other:	Tank I ver ok + Andrews
١.	ouier.	TANK+ Lines OK # Needs water + power fixe excepted BM
Follo	owing are the spec	fications for the sewage disposal system on the above captioned property.
Туре	e of system:	Conventional Other Court V 4 Chamber 1000
	urface	No of gamons rump lank. gamons
	nage Field	ditches of each ditch 300 feet ditches 3 feet disches 18-18
ren	ch Drain Required:	Linear feetLinear feet inches
Auth	horized State Ag	ent/Ruy milia REHI Date 5/19/2010

