

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 CORNELIUS HARNETT BLVD.
LILLINGTON, N.C. 27546
910-893-7547 phone
910-893-9371 fax

Please call them
they will pick up permit

APPLICATION FOR REPAIR

All in One / Michael Goskay 919-862-0234
NAME PHONE # (home) PHONE # (work)
497 US Highway 701 South four Oaks Smithfield NC 27577
ADDRESS MAILING ADDRESS IF DIFFERS

IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME

Lafayette Rd 39 Victoria Hills, SR 1413
SUBDIVISION NAME LOT # STATE ROAD NAME AND # SIZE OF LOT OR TRACT

Type of dwelling Modular Mobile Home Stick Built Other house

Number of bedrooms 1 2 3 4 or more - Basement with plumbing Yes No

Garage Yes No - Dishwasher Yes No - Garbage Disposal Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site:

901 North to Lafayette Rd on left address
15 1291 Lafayette Rd

In order for Environment Health to help you with your repair you will need to comply by doing the following:

1. A surveyed and recorded map and deed to your property 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 893-7547 or 893-7548 to let us know that it is ready.
3. The system must be repaired within 30 days or the set time within receipt of a violation letter.

This certifies 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.

Michael Goskay 4/13/05
Signature Date

4/19
4/14/05 (N)

HOMEOWNER INTERVIEW FORM

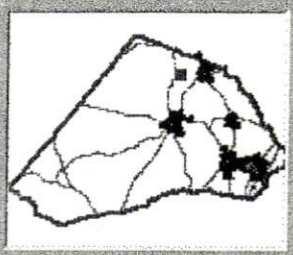
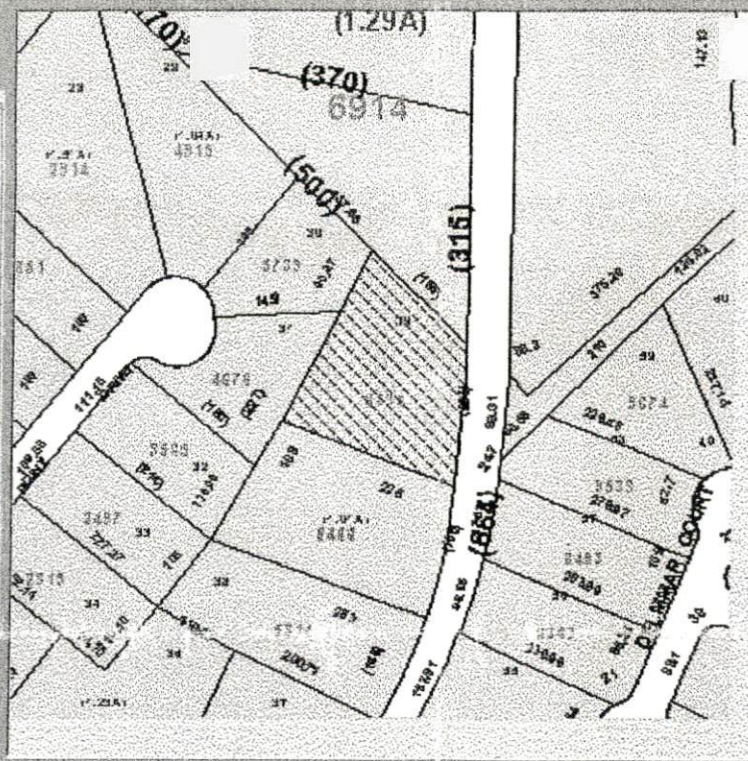
It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible and answer all questions to the best of your ability. Thank you.

Have you received a letter for a failing septic system from our office? YES [] NO

Also, within the last 5 years have you completed an application for repair for this site? [] YES NO

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

- Number of people who live in house? 2 # adults 4 # children 6 # total
- What is your average estimated daily water usage? 250 gallons/month or day county water
If HCPU please give the name that the water bill is listed in? Juan Hernandez
- If you have a garbage disposal, how often is used? daily [] weekly [] monthly
- When was the septic tank last pumped? 4/12/05 How often do you have it pumped? 1st time
- 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 family using long term prescription drug(s), antibiotics or chemotherapy?
[] YES NO If yes, please list _____
- Do you put household cleaning chemicals down the drain? [] YES NO If so, what kind? _____
- Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES NO
If yes, what kind? _____
- Have you installed any water fixtures since your system has been installed? [] YES NO If yes, please list any additions including any spas, whirlpools, sinks, lavatories, bath/showers, toilets. _____
- Do you have an underground lawn watering system? [] YES NO
- Has any work been done to your structure since your initial move, such a roof, gutter drains, basement foundation drains, landscaping, etc? [] YES NO If yes, please list _____
- Are there any underground utilities on your lot? [] YES [] NO
Please check all that apply [] Power Phone [] Cable [] Gas Water
- Describe what is happening when you have problems with your septic system and when was it first noticed. Week ago sewage was on top of ground.
- Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guests)? YES [] NO If yes, please list washed clothes



- Map Layers**
- County Boundary
 - City Limits
 - Rivers
 - Major Roads
 - Water Pipes
 - E911 Streets
 - Subdivisions
 - Parcels
 - Fire Zones
 - Rescue Zones
 - Schools
 - Census
 - Mobile Homes
 - Zoning
 - Voting
 - Commissioners Dist
 - Townships
- Lot Dimensions
 Lot Numbers
 () Calculated Dimensions
 Acres
 PIN
 Row Dimensions
 Street Names

Parcel Information

Owner Info:
 HERNANDEZ JUAN A & WIFE
 HERNANDEZ ORALIA &

1291 LAFAYETTE RD
 City FUQUAY VARINA
 State NC Zip 27526
 PIN 0653-97-6634.000
 Tax ID 080653 0105 40
 Deed Book 0149 - 20060
 - Page
 Legal Descriptions
 LOT#39 VICTORIA HILLS S/D
 MAP#99-481A
 Parcel Address
 LAFAYETTE = SR 1443 RD

Building	\$86,200.00
other	\$5,520.00
Land	\$22,000.00
Assessed	\$113,720.00
Square Ft	1264
Year Built	2000
# of Cards	1

Find Parcels
 Clear Selection

4/1/2005 X: 2,059,078.6555 Y: 638,076.2423 Show MapTips 10:37 AM

Standard Sewer
gcb



Harnett County Government Complex
307 Cornelius Harnett Boulevard
Lillington, NC 27546

ph: 910-893-7550

fax: 910-893-9429

April 5, 2005

Juan Hernandez & Wife
1291 Lafayette Rd
Fuquay-Varina, NC 27526

RE: Failing system at Lt 39 Victoria Hills SD
Legal Description: Map#99-481A

Dear Mr. & Mrs. Hernandez,


An on-site inspection was made on your property March 31, 2005 by an Environmental Health Specialist and observed a failing septic system.

You are hereby notified that you are violating the Rules and Regulations adopted by the North Carolina Commission for Health Services in accordance with requirements of Article 11 Chapter 130A-335 (a) of General Statutes of North Carolina. Any person owning or controlling a residence, place of business, or place of public assembly containing water using fixtures connected to a water supply source shall discharge all wastewater directly to an approved wastewater system permitted for that specific use. A wastewater system may include components for collection, treatment and disposal of wastewater.

We request that you contact the Health Department within 7 days in order to obtain an improvement permit. **You are required to correct this problem within 30 days from this date.** You will be required to bring a **recorded survey map, deed,** and fill out a repair application in order to obtain an improvement permit. Please be advised that any action you may take without an improvement permit does not absolve you of the responsibility for correcting this public health problem, according to health department standards. The continuation of this violation may constitute a health hazard, and **if you do not comply within the allotted time frame we will be forced to obtain legal action.**

I can be contacted at 893-7547 Monday-Friday, from 8:00-9:00 a.m.

Sincerely,


Graham H. Byrd, R.S.
Environmental Health Supervisor
Harnett County Department of Public Health

GB/sgw

Enclosure(s)

OPERATIONS PERMIT

Name: (owner) ALC Lampin New Installation Septic Tank
 Property Location: SR# 1443 Repairs Nitrification Line
 Subdivision Victoria Hills Lot # 39
 TAX ID# _____ Quadrant # _____
 Contractor: Ray Moore Registration # _____

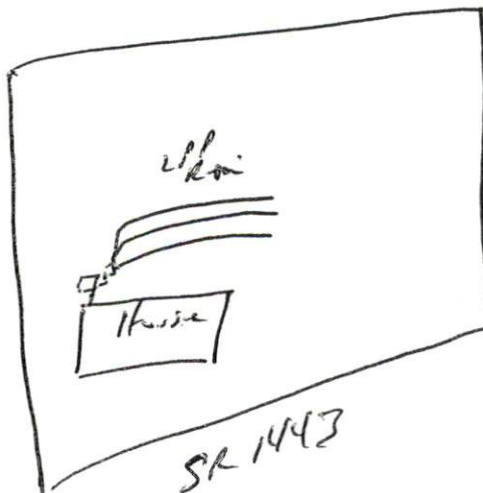
Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

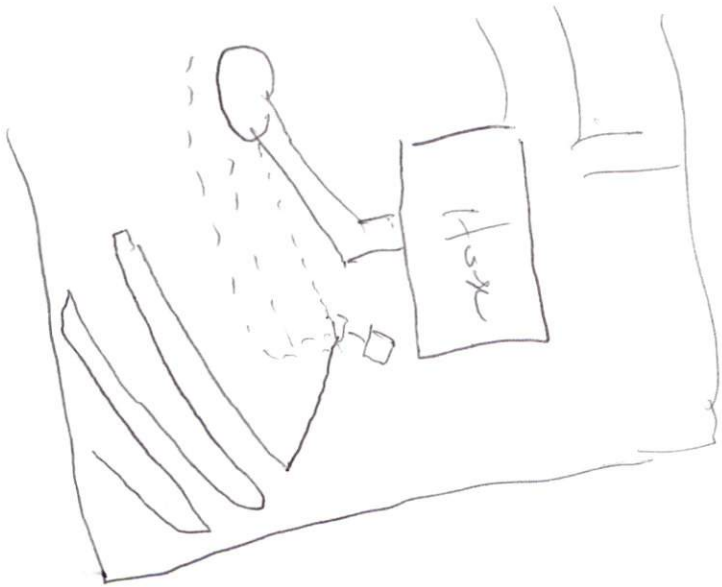
Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.
 French Drain: _____ Linear feet

PERMIT NO. 16713

Date: 4/6/2001
 Inspected by: Raymond M. Linn D.S.
 Environmental Health Specialist





17000
18-24
25/2/2017
Balkon
Jahon