

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

APPLICATION FOR REPAIR

MARK CHREST 919 567 0228
NAME PHONE # (home) PHONE # (work)

60 CYRA CT
ADDRESS MAILING ADDRESS IF DIFFERS

FUQUAY-VARINA NC 27526
IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME

VICTORIA HILLS 77
SUBDIVISION NAME LOT# STATE ROAD NAME AND# SIZE OF LOT OR TRACT

Type of dwelling Modular Mobile Home Stick Built Other _____

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:

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.

Mark D. Chrest 20031017
Signature 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 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 _____

1. Number of people who live in house? _____ # adults _____ # children _____ # total
2. What is your average estimated daily water usage? _____ gallons/month or day _____ county water
If HCPU please give the name that the water bill is listed in? _____
3. If you have a garbage disposal, how often is used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? _____ 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 family using long term prescription drug(s), 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
If yes, what kind? _____
12. 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. _____
13. Do you have an underground lawn watering system? [] YES [] NO
14. 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 _____
15. Are there any underground utilities on your lot? [] YES [] NO
Please check all that apply [] Power [] Phone [] Cable [] Gas [] Water
16. Describe what is happening when you have problems with your septic system and when was it first
noticed. TELEPHONE COMPANY CUT LINE WHILE INSTALLING
TELEPHONE CABLE
17. 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 _____

02-5-4455

HUNNET COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 15357

OPERATIONS PERMIT

Name: (owner) ROGER EDWARDS

New Installation Septic Tank

Property Location: SR# 1443 LAFAYETTE RD

Repairs Nitrification Line

Subdivision VICTORIA HILLS

Lot # 77

TAX ID# _____

Quadrant # _____

Contractor: RAY MOORE

Registration # _____

Basement with Plumbing:

Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

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

Type of system: Conventional Other POLYSTYRENE AGGREGATE TRENCH

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain: _____ Linear feet

PERMIT NO. 19134

Date: 9/17/02

Inspected by: [Signature]
Environmental Health Specialist

