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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

NAME Hannah + Rion Hyatt EMAIL ADDRESS: nadichip@yahoo.com
PHONE NUMBER 919-868-1884
PHYSICAL ADDRESS 417 Victoria Hills Dr. S. Fuquay Varina NC 27526
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME layout att'd
Victoria Hills 2 #85??

SUBDIVISION 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 No Garbage Disposal: Yes No
Water Supply: Private Well Community System County

Directions from Lillington to your site: turn left on 401, turn right on Lafayette Rd, turn right on Victoria Hills Dr. S. home down on left 417.

- 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.

Hannah Hyatt 4/11/16
Signature Date

per Charles
4/21/16
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 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) 2004 ?
Installer of system _____
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 5 # total water. If HCPU please give the name the bill is listed in Hannan thpt county
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? 1 1/2 yrs How often do you have it pumped? 2 yrs
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 fluoxetine 20 mg
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 NO
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?
about 1 month ago we discovered the phone company cut thru our septic line in multiple spots. Has not been working in yrs - had no idea.
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 _____

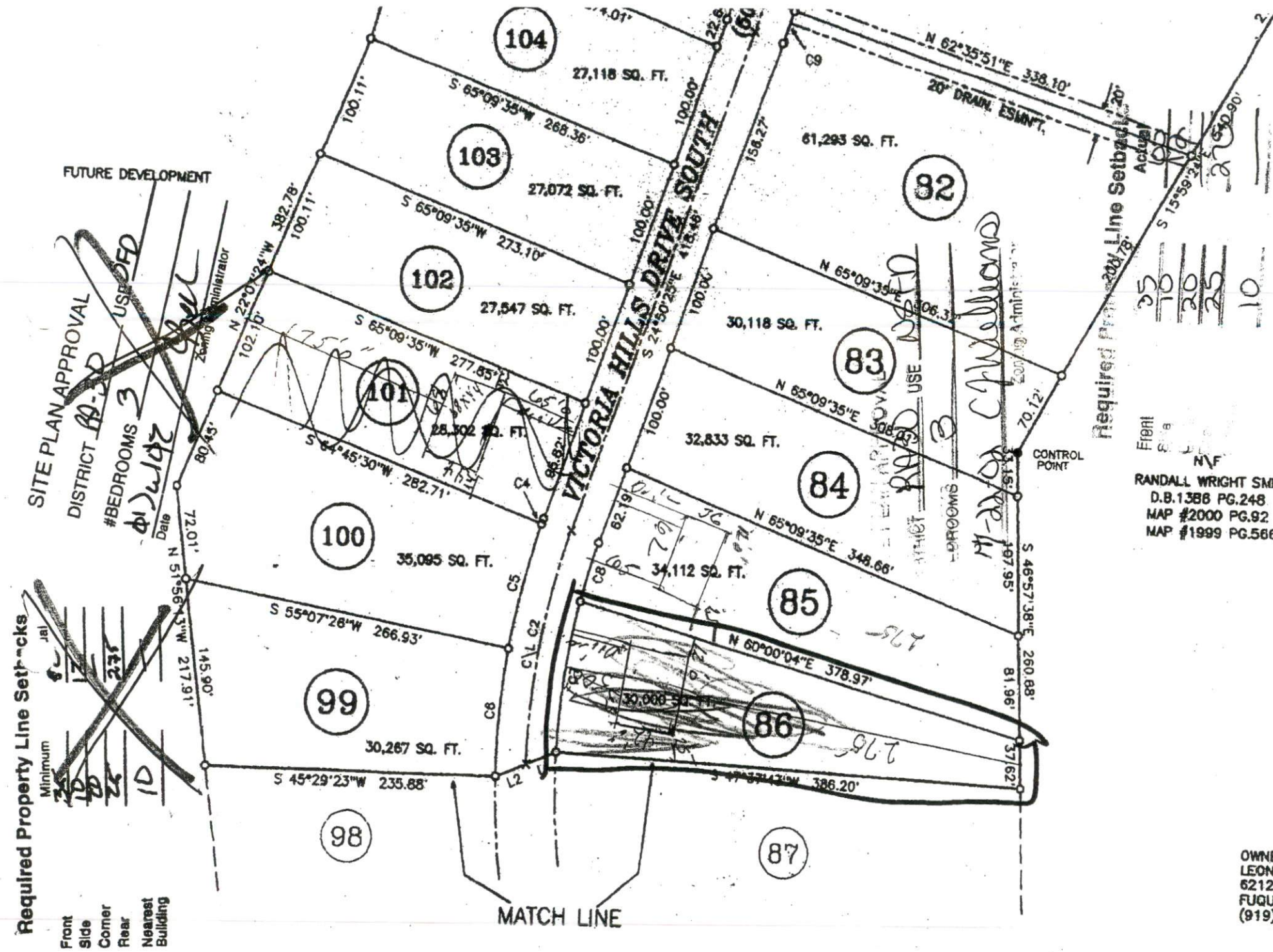
-septic has not surfaced to ground yet, wet underneath, we found out b/c we dug and saw 1 damaged spot so checked the rest and same thing

Required Property Line Setbacks

- Front
- Side
- Corner
- Rear
- Nearest Building

Minimum	Setback
10'	10'
10'	10'
10'	10'
10'	10'
10'	10'

SITE PLAN APPROVAL
 DISTRICT **AA-2-D**
 #BEDROOMS **3**
USE OF ZONING ADMINISTRATOR



35	10	20	25	10
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RANDALL WRIGHT SMITH
 D.B.1386 PG.248
 MAP #2000 PG.92
 MAP #1999 PG.586

OWNER/DE
 LEON ANDE
 6212 RAWL
 FUQUAY-VA
 (919)552-

SUR

03-5 5188

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 15886

OPERATIONS PERMIT

Name: (owner) A.L. CHAMPION New Installation Septic Tank
 Property Location: SR# 1443 LAFAYETTE RD Repairs Nitrification Line
 Subdivision VICTORIA HILLS Lot # 85
 TAX ID# _____ Quadrant # _____
 Contractor: RAY MOORE Registration # _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 105 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 2 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 18 2/4 in.

French Drain: _____ Linear feet

Date: 5/9/03
 Inspected by: [Signature]
 Environmental Health Specialist

PERMIT NO. 19678

