

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

APPLICATION FOR REPAIR

TIFFANY WIFE'S CELL
910-890-9032
919-498-2057 HOME

01
NAME Parrish Byrd PHONE # (HOME) 919-498-2057 PHONE # (WORK/CELL) _____
ADDRESS 109 canyon Ct Sanford Nc 27332 MAILING ADDRESS IF DIFFERS _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____
SUBDIVISION NAME Summit LOT # 2728 STATE RD NAME & # ALPINE Dr. SIZE OF LOT OR TRACT _____

Type of dwelling Modular Mobile Home Stick built Other _____
Number of bedrooms 1 2 3 4 or more Basement Other _____
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 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" (not your house) **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 910-893-7547 to let Environmental Health know that your site is ready for evaluation.
3. The system must be repaired within 30 days or the time set within receipt of a violation letter.

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 change.

Signature [Signature] Date 25 NOV 09 11/30/09

HOMEOWNER INTERVIEW FORM

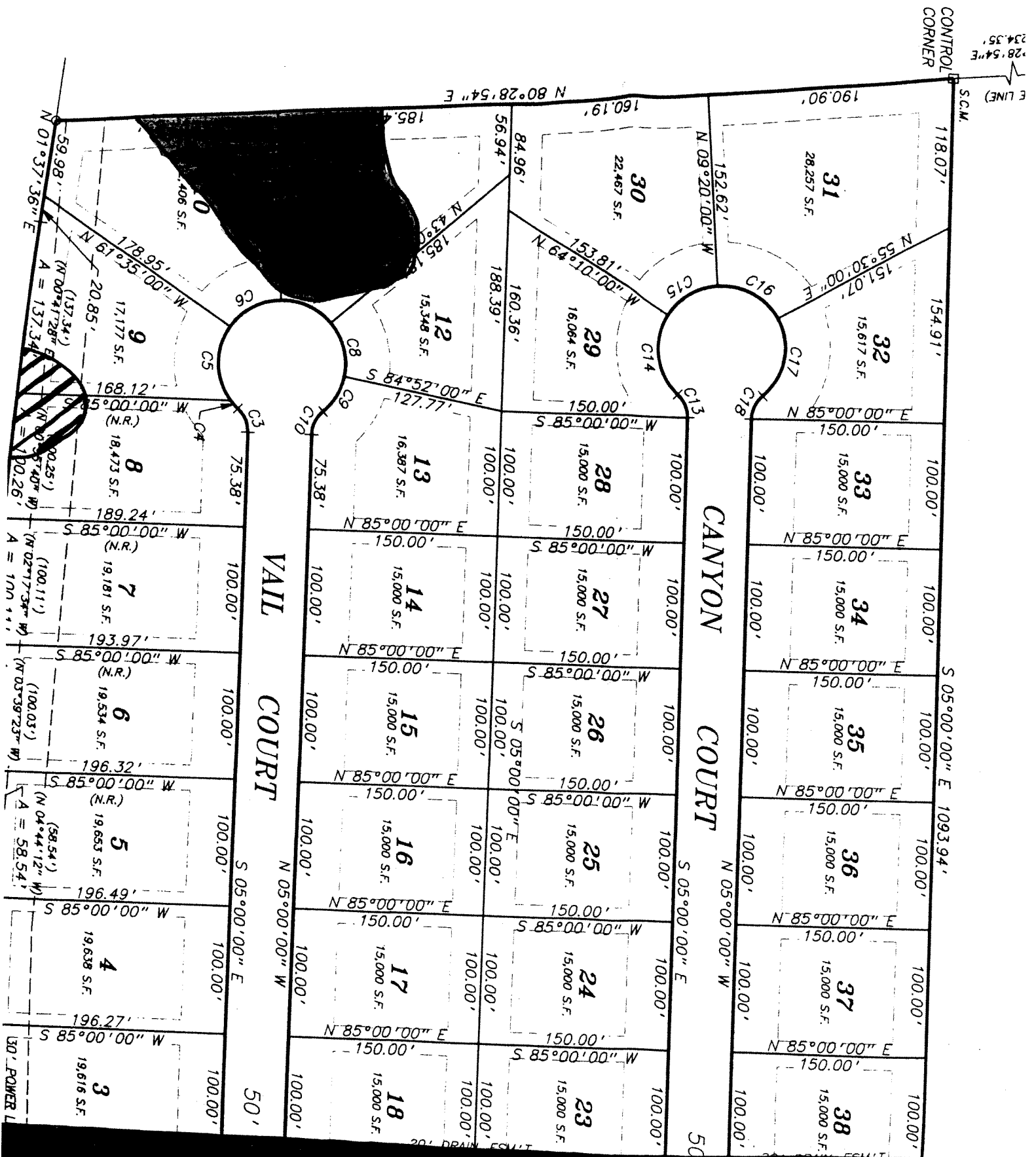
It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible and answer all questions to the best of your ability. Thank you.

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? 2 # adults 3 # children 5 # 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? Nov How often do you have it pumped? 3 mon
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 FENCE
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. SEPTIC SYSTEM BAKING UP IN HOUSE
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 _____



HTE 03-5-8097

HANCOCK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17074

OPERATIONS PERMIT

Name: (owner) Weaver Dev. New Installation Septic Tank
 Property Location: SR# 1141 Repairs Nitrification Line
 Subdivision The Summit Lot # 26
 Tax ID # _____ Quadrant # _____
 Contractor: LARRY SHARP 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 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 05-13-04

Inspected by: Jan Waters
Environmental Health Specialist

PERMIT NO. 20380

