

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: Russell Blackmon EMAIL ADDRESS: rnblackmon@charter.net
PHONE NUMBER: 919-499-5544
PHYSICAL ADDRESS: 100 Forest Pond Cameron, NC 28326
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL): _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

Carolina Seasons

SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other Brick Vinyl Siding

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: Hwy 27 / ~~pass Western Har~~ to Johnsonville Elementary School / turn right on Ponderosa Rd. / turn left into Carolina Seasons onto Ponderosa Trail / 2nd right onto Forest Pond / 2nd house on right facing Forest Pond

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.

Russell Blackmon
Signature

March 20, 2015
Date

conf 4/9

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 [X] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] 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 _____ # children _____ # total _____
2. What is your average estimated daily water usage? _____ gallons/month or day _____ county
water. If HCPU please give the name the bill is listed in Russell Blackmon

3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? never 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? [X] daily [] every other day [] weekly [] monthly
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain? _____

8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [X] YES [] NO If yes please list Diabetic / Blood Pressure meds.

10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind? _____

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO

12. Have you installed any water fixtures since your system has been installed? [] YES [X] 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 [X] 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 Vapor barrier in crawl

15. Are there any underground utilities on your lot? Please check all that apply! _____
[] Power [X] Phone [X] Cable [X] Gas [X] Water _____
space

16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?
Water surfaces above ground in backyard

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 [X] NO If Yes, please list _____

HTE 03-5-8188

H. WETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17113

OPERATIONS PERMIT

Name: (owner) Custom Contracting New Installation Septic Tank
 Property Location: SR# 1291 Repairs Nitrification Line
 Subdivision CAROLINA SEASONS Lot # D-2
 Tax ID # _____ Quadrant # _____
 Contractor: E. FAIRCHILD Registration # _____

Basement with Plumbing: Garage: TANKS OK ON 10-13-04. lots of water in tank hole 9HCU
 Water Supply: Well Public Community Lines OK on 10-14-04 9HCU
 Distance From Well: _____ ft. Needs Alarm / Alarm Box & Pump Checked

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

Type of system: Conventional Other Pump to Chamber

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

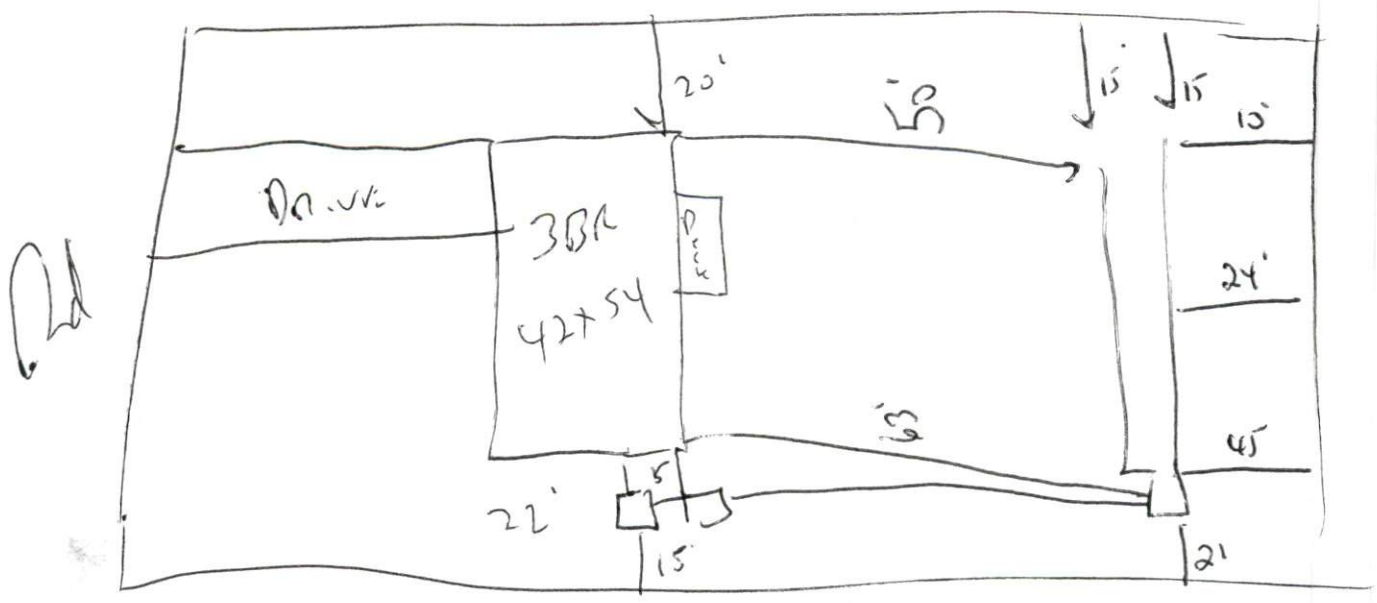
Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 57 ft. width of ditches 3 ft. depth of ditches 18" in.

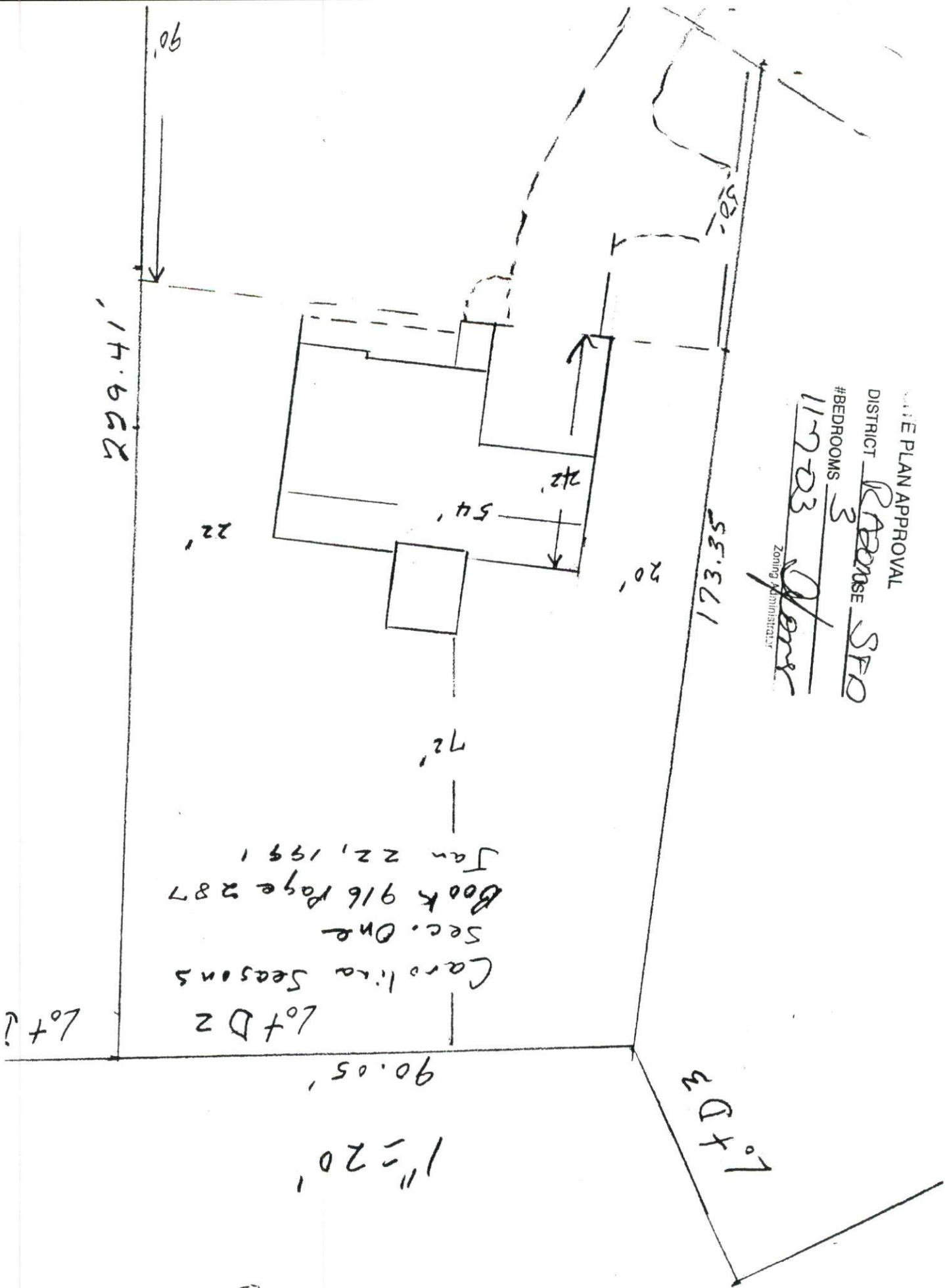
French Drain Required: _____ Linear feet

Date: 12-01-04

Inspected by: [Signature]
Environmental Health Specialist

PERMIT NO. 21164





SITE PLAN APPROVAL
 DISTRICT RABENSE SFD
 #BEDROOMS 3
11-2-03
 Zoning Administrator [Signature]

Carolina Seasons
 Sec. One
 Book 916 Page 287
 Jan 22, 1991

Lot 1

Lot 2

Lot 3

1" = 20'

90.05'

229.41'

173.35'

20'

72'

22'

54'

22'

90'