

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

EMAIL ADDRESS: Alicia Thomas 54@hotmail.com

NAME Alicia Howington Thomas PHONE NUMBER 919-770-4954

PHYSICAL ADDRESS 489 Raven Rock Rd Lillington, NC 27546

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME \_\_\_\_\_

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: 421 towards Sanford, take right on Raven Rock Road... 5th house on left. 489 house #

**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.

Alicia H. Thomas

Signature

11-15-18

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 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) \_\_\_\_\_

Installer of system \_\_\_\_\_

Septic Tank Pumper \_\_\_\_\_

Designer of System \_\_\_\_\_

1. Number of people who live in house?      1   # 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 \_\_\_\_\_

3. If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly

4. When was the septic tank last pumped? New How often do you have it pumped? \_\_\_\_\_

5. If you have a dishwasher, how often do you use it? [ ] daily New [ ] 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 \_\_\_\_\_

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 N/A

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?

Can not flush commode when rain a lot

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HTE# 17-540923

# Harnett County Department of Public Health

24555

PERMIT # 29432

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: RAVEN ROCK RO

Name: (owner) KENNETH CUMMINGS SUBDIVISION - LOT # 2

System Installer: OTIS STRICKLAND Registration # \_\_\_\_\_

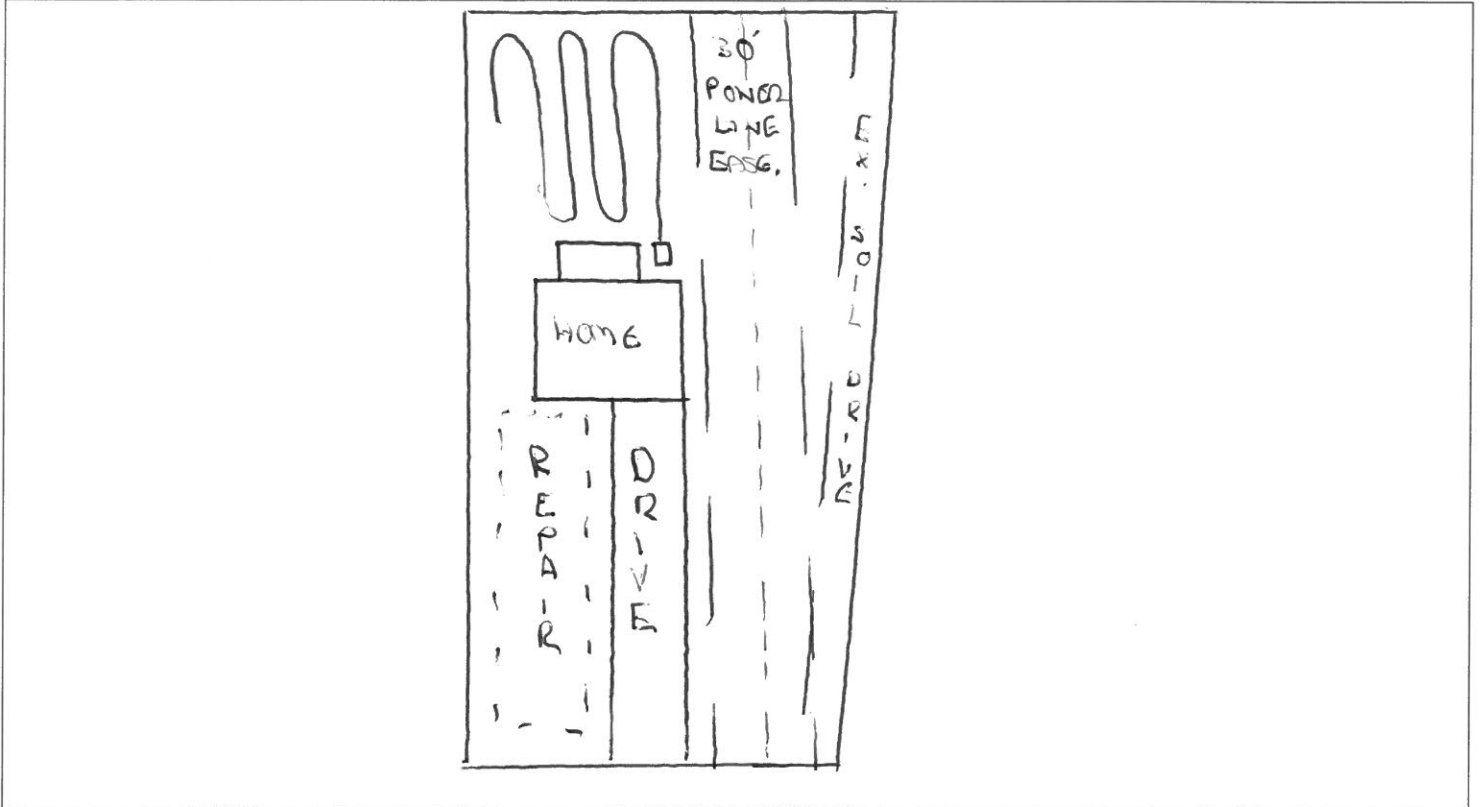
Basement with plumbing:  Garage  Number of Bedrooms 3

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: IIIg Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



### PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: \_\_\_\_\_  
Subsurface system operator required? Yes  No   
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: SYSTEMS CHANGED DUE TO NEW DRIVEWAY LOCATION

D-Box  Pump  Alarm  H2O Line  PWR Line

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

Type of system:  Conventional  Other E2FLOW Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 feet width of ditches 3 feet depth of ditches 30-18 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] Date 5/31/17