

HARRIS 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

NAME Scottie VanHook PHONE # (home) 910 257-1156 PHONE # (work) same
ADDRESS 665 Lake Ridge Drive Cameron, NC 28326 MAILING ADDRESS IF DIFFERS P.O. Box 655 Lillington NC 27541

IF RENTING, LEASING ETC., LIST PROPERTY OWNER NAME

SUBDIVISION NAME Mire Branch Ests LOT # Lt. 104 STATE ROAD NAME AND # SIZE OF LOT OR TRACT 1 acre

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:

Go to 27 west, pass Johnsonville Middle School on left in Cameron, go approx 1 mile down, make right onto Mire Branch Drive, then make left on to Lake Ridge Drive. 665 is placed on north side. House is on left
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.

Signature Scottie VanHook Date 6/19/06

6/21/06(s)

IEOWNER 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 [X] NO

Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] NO

Installer of system _____
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults 4 # children 6 # 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? 6/14/06 How often do you have it pumped? once/two weeks
5. If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly N/A
6. If you have a washing machine, how often do you use it? [] daily [X] 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? [X] YES [] NO
9. Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy?
[] YES [X] NO If yes, please list _____
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
If yes, what kind? _____
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, whirlpools, 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 your initial move, such a roof, gutter drains, basement
foundation drains, landscaping, etc? [] YES [X] NO If yes, please list _____
15. Are there any underground utilities on your lot? [] YES [X] NO
Please check all that apply [] Power [X] Phone [X] Cable [] Gas [X] Water
16. Describe what is happening when you have problems with your septic system and when was it first
noticed. septic tank appears to be over flooding
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,
household guests)? [] YES [X] NO If yes, please list _____

4 kids
4 staff

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: _____ Applicant: _____
 Address: _____ Date Evaluated: _____
 Proposed Facility: _____ Design Flow (.1949): _____ Property Size: _____
 Location of Site: _____ Property Recorded: _____
 Water Supply: Public Individual Well Spring Other
 Evaluation Method: Auger Boring Pit Cut
 Type of Wastewater: Sewage Industrial Process Mixed

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
		0-18	GR SL						
		18-24	SDK SCL						
		24-38	SDK SL		CR 2 38	38			2
		0-18	GR SL						
		18-24	SDK SCL						
		24-36	SDK SC		CR 2 e 36	36			2
		0-12	GR SL						
		12-24	SDK SCL						
		24-36	SDK SCL		CR 2 e 36	36			2

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR	2	

Other Factors (.1946): _____
 Site Classification (.1948): _____
 Evaluated By: _____
 Others Present: _____

Flow to be based off of highest month's Avg. water usage

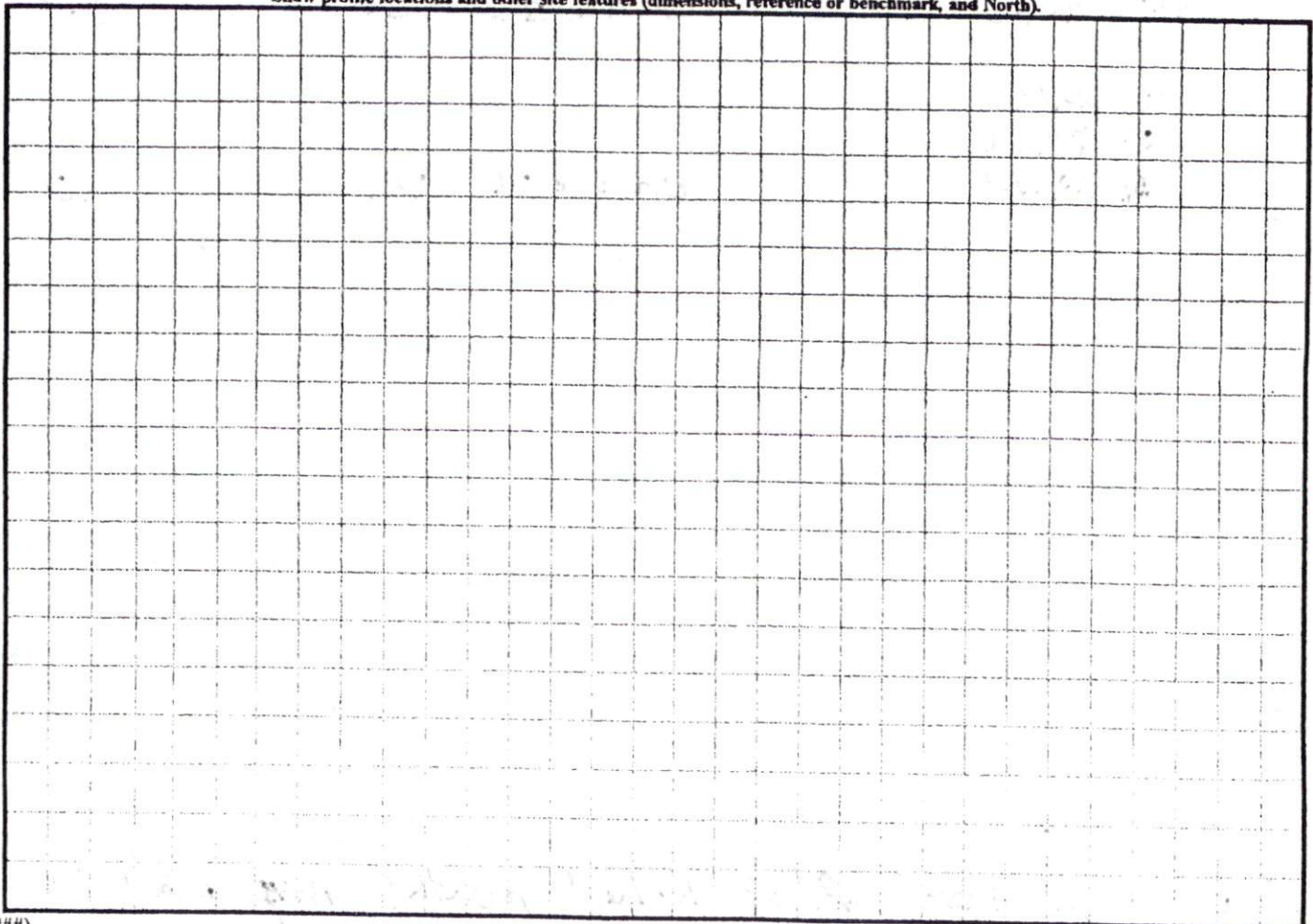
COMMENTS: _____

<u>LANDSCAPE POSITIONS</u>	<u>GROUP</u>	<u>TEXTURES</u>	<u>.1955 LTAR</u>	<u>CONSISTENCE MOIST</u>	<u>WET</u>
R-RIDGE	I	S-SAND	1.2 - 0.8	VFR-VERY FRIABLE	NS-NON-STICKY
S-SHOULDER SLOPE		LS-LOAMY SAND			
L-LINEAR SLOPE	II	SL-SANDY LOAM	0.8 - 0.6	FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE		L-LOAM		FI-FIRM	S-STICKY
N-NOSE SLOPE				VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 - 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 - 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE
 SG-SINGLE GRAIN
 M-MASSIVE
 CR-CRUMB
 GR-GRANULAR
 SBK-SUBANGULAR BLOCKY
 ABK-ANGULAR BLOCKY
 PL-PLATY
 PR-PRISMATIC

MINERALOGY
 SLIGHTLY EXPANSIVE
 EXPANSIVE

Show profile locations and other site features (dimensions, reference or benchmark, and North).



ONSITE WASTEWATER REPAIR DATA CHECKLIST

1. Physical location of system. (911 address)
665 Lake Ridge Drive
2. Type of landuse being served by system. Group home 4 children 4 staff
3. Age of system. (approximate is cannot confirm) 12 yrs
4. Type of system. 2 Line @ 90'
5. Type of replacement system. Pump to 25% Reduction
6. Contributing factors to failure. Group home with Average water flow
of 325 gallons per month. Concrete pad poured over
top of drainfield - Grading drainage evident - pipe out of ground
7. Onsite or offsite solution. Onsite
8. Type of soil in initial system area. unknown
9. Type of soil in replacement system area. Group 3

Avg monthly water usage for 35 months

is 325 gpd - high is 850 gpd low is 125 gpd

Avg of high to low is 490 gpd

4 kids, 4 staff = 480 gpd design flow

$500 \text{ gpd} \div 3 = 1667 \div 3 = 555 \text{ Linear feet}$

$555' = 420' + 25\% \text{ Red. SYSTEM}$