

HETT 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 NATHAN B. MORRIS PHONE # (home) 919-894-5701 PHONE # (work) 919-573-3000

ADDRESS 7163 NO. 27 EAST COASTS N.C. 27521 MAILING ADDRESS IF DIFFERS _____

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

SUBDIVISION NAME _____ LOT # _____ STATE ROAD NAME AND # _____ SIZE OF LOT OR TRACT _____

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:

N.C. 27 EAST - through Coats - after stop light - go approx 3 1/2 miles 1st Brick home on left # 7163 on mail box

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.

Nathan B. Morris
 Signature

8-4-04
 Date

8/10 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 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 LAREN PETAK

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 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? 5 YRS How often do you have it pumped? WHEN NEEDED
5. If you have a dishwasher, how often do you use it? [X] daily [] every other day [] weekly
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? [] YES [X] NO
9. Are you or any member in your family using long term prescription drug(s), antibiotics or chemotherapy?
[X] YES [] NO If yes, please list DORVAW / LIPTOR
10. Do you put household cleaning chemicals down the drain? [X] YES [] NO If so, what kind? CLOROX
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 [] 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 [] NO If yes, please list _____
15. Are there any underground utilities on your lot? [] YES [] NO
Please check all that apply [X] Power [X] Phone [] Cable [] Gas [X] Water
16. Describe what is happening when you have problems with your septic system and when was it first
noticed. BACKS UP SEVERAL MONTHS BACK
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,
household guests)? [X] YES [] NO If yes, please list WASH CLOTHES



1 K300
1F-20

Ⓟ set

ONSITE WASTEWATER REPAIR DATA CHECKLIST

1. Physical location of system. (911 address)

2. Type of landuse being served by system. _____

3. Age of system. (approximate is cannot confirm) _____

4. Type of system. _____

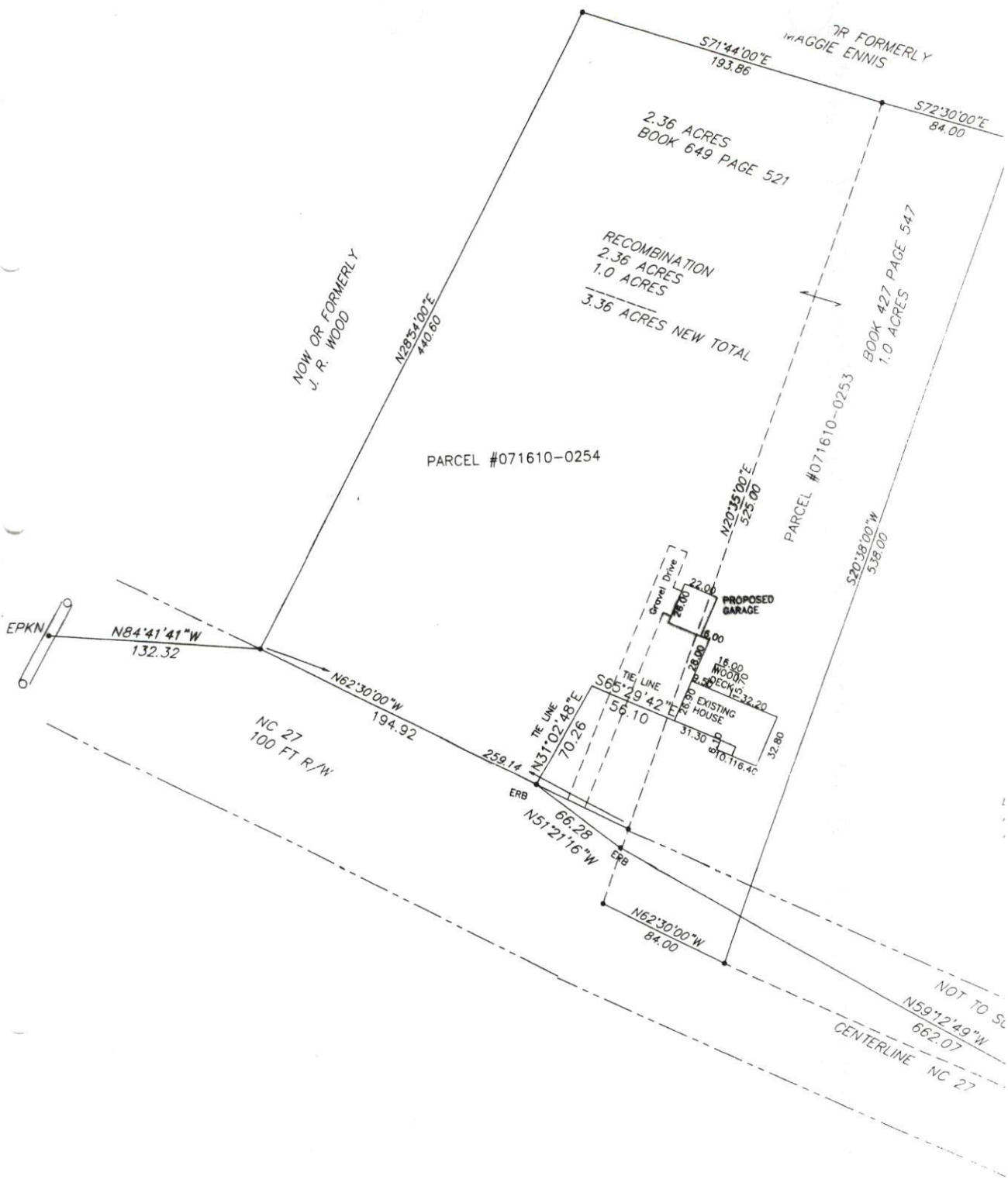
5. Type of replacement system. _____

6. Contributing factors to failure. _____

7. Onsite or offsite solution. _____

8. Type of soil in initial system area. _____

9. Type of soil in replacement system area. _____



HARNETT COUNTY
 REVIEW OFFICER OF
 CERTIFICATE IS AFFIXED MEETS
 REQUIREMENTS FOR RECORDING.

STATE OF NORTH CAROLINA, Harnett COUNTY
 FILED FOR REGISTRATION AT 1:53 P. M.
MAY, 2001 IN THE REGISTER
 OF DEEDS OFFICE.
 RECORDED IN BOOK MAP # 2001-561 PAGE
Kimberly S. Hargrave
 REGISTER OF DEEDS

| LEGEND | |
|--------|----------------------------|
| ESR | EXISTING STEEL ROD |
| SSR | SET STEEL ROD |
| ECPS | EXISTING COTTON SPINDLE |
| SCPS | EXISTING NAIL |
| EN | EXISTING NAIL |
| EIP | EXISTING IRON PIPE |
| SIP | SET IRON PIPE |
| EIS | EXISTING IRON PIPE |
| SIS | SET IRON STAKE |
| EPKN | EXISTING P-K NAIL |
| SPKN | SET P-K NAIL |
| ECM | EXISTING CONCRETE MONUMENT |
| ERB | EXISTING REBAR |
| ELS | EXISTING LIGHTWOOD STAKE |
| PL | PROPERTY LINE |
| PP | POWER POLE |
| LP | LIGHT POLE |

