

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

Comp # 1991

Application for Repair

EMAIL ADDRESS: moragomez1604@gmail.com
NAME Vicente Ramirez Machado PHONE NUMBER 919-780-7288
PHYSICAL ADDRESS 56 Greene Ct Angier NC 27501
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) The Township Lt. 20

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____
Township china berry
Greene Court 56 state rd NE 27501
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: _____

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.

[Signature]
Signature

4-1-14
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? 3 # adults 2 # children 5 # total
2. What is your average estimated daily water usage? 10400 gallons/month or day 35 county
water. If HCPU please give the name the bill is listed in Harnett County

3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? _____ 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? 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?

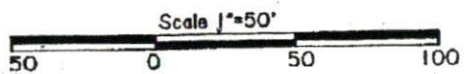
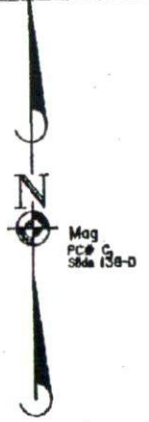
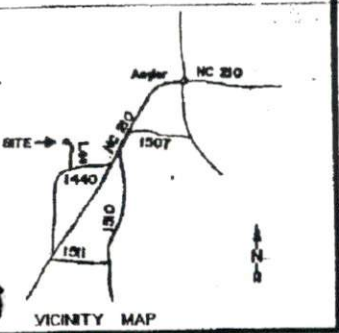
11. Have you put any chemicals (paints, thinners, etc.) down the drain? YES NO
12. Have you installed any water fixtures since your system has been installed? YES NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets _____

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 _____
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?

Last week I noticed that I was having
problem there. -WET IN APR

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
Yes when it was heavy rains.



Lot 20, The Township Subd.-Phase 2
Plat Cab.# C, Slide 196-C
Surveyed & Mapped For

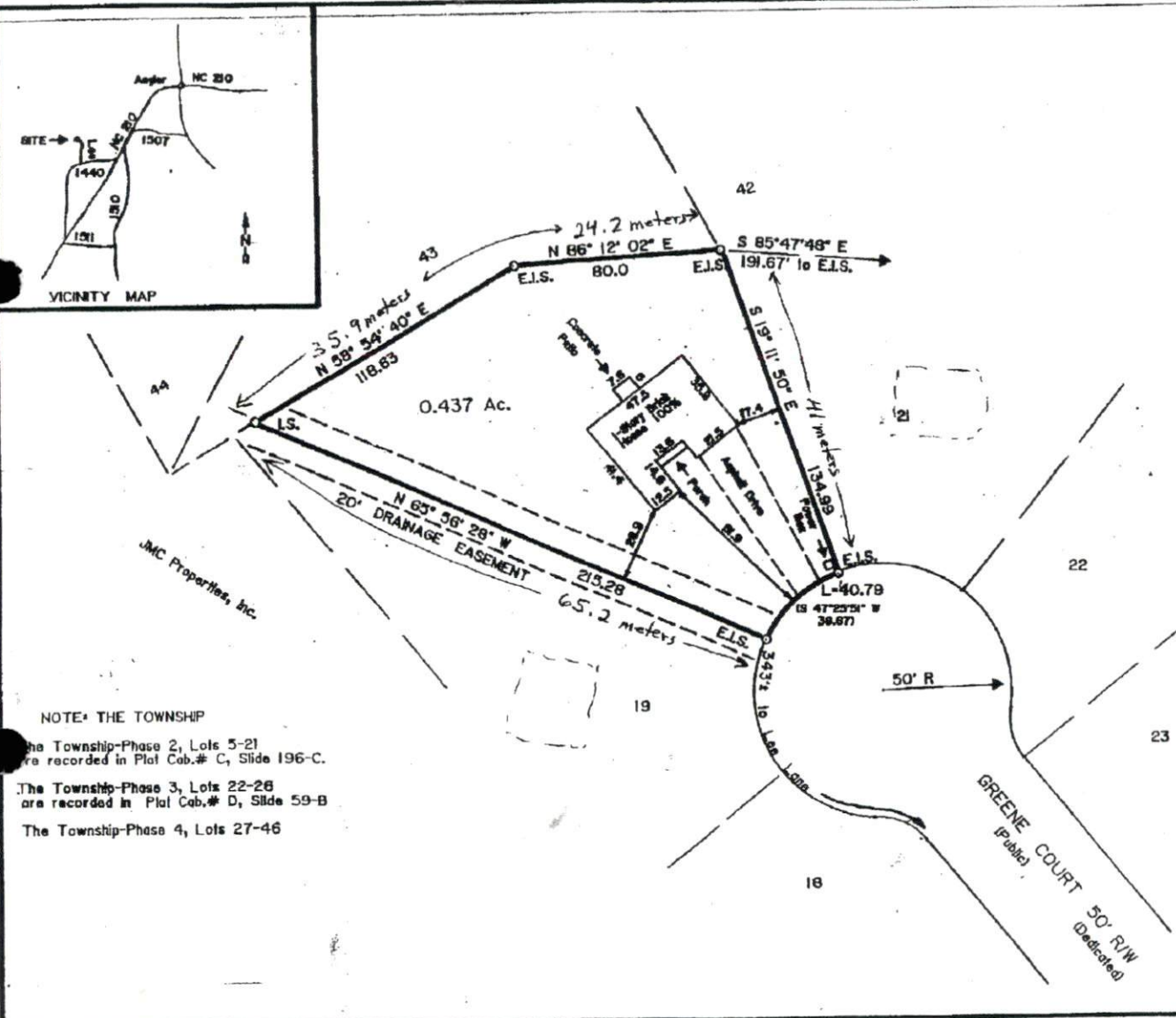
DUANE F. MAXWELL

Black River Twp., Harnett Co., N.C.
Scale 1" = 50' March 22, 1989
Surveyed & Mapped By

STANCIL & ASSOCIATES, Registered Land Surveyor, P. A. P. O. Box 730, Angier, N.C. 27501 639-2133

I, Thomas Lester Stancil, certify that this plat was drawn under my supervision from an actual survey made under my supervision (dead description recorded in Bk. Pg.) that the ratio of precision as calculated by latitudes and departures is 10,000, that the boundaries not surveyed are shown as broken lines plotted from information found in Bk. Pg. that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 22nd day of

Thomas Lester Stancil
Registered Land Surveyor, P. A.
SEAL
L-1512
THOMAS LESTER STANCIL
REGISTERED LAND SURVEYOR



NOTE: THE TOWNSHIP
The Township-Phase 2, Lots 5-21
are recorded in Plat Cab.# C, Slide 196-C.
The Township-Phase 3, Lots 22-28
are recorded in Plat Cab.# D, Slide 59-B
The Township-Phase 4, Lots 27-46

JMC Properties, Inc.

Certificate of Completion

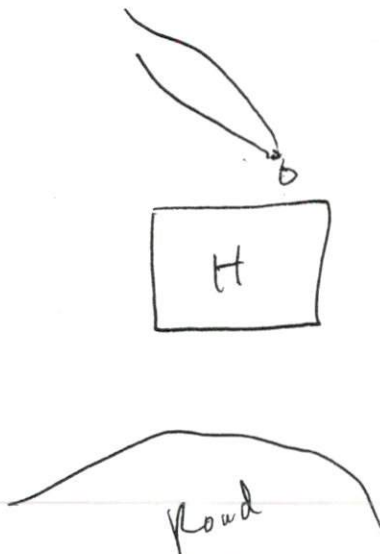
No 3803

Owner Larry Brantley Address _____ (MAILING ADDRESS)
 (MUST BE FILLED IN)
 Contractor Burgess Address _____ (MAILING ADDRESS)
 Location of Premises The Township Lot 20
 (SUBDIVISION, STREET OR ROAD NAME OR NUMBER, LOT NO.)

Details of Septic Tank System

Kind of Material for Tank: Concrete Other _____
 Size of Tank: Capacity 1000 Gallons
 Subsurface Drainage Field No. of Ditches 2 Exact Length of each Ditch 80 Ft. Width of Ditches 3 Ft. Depth of Ditches 24 Inches
 Surface Drainage Linear Required _____ Ft.
 Square Feet in Absorption Field 480

Inspected by Mike Fink (SANITARIAN)
 Permit No. _____ Date 8/4/88



180
24'

face
↓ 10'

