

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

Mrs. Strain
919-434-3178

EMAIL ADDRESS: rstrain64@gmail.com

NAME Raymond E Strain PHONE NUMBER 919-557-6755

PHYSICAL ADDRESS 59 Troy Dr, Fuquay Varina NC 27526

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME Raymond E Strain, Tammy L Strain

Hillard Plce 2 98 acres
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 4 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 401 NORTH, Right on Rawls Church Rd.,
Right, Hillard Road, LEFT TROY DR, 2nd House on
Right, Blue

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.

Raymond Strain
Signature

10/25/2013
Date

3/25/15
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 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) 1996
Installer of system Clint Adams
Septic Tank Pumper Hardy S
Designer of System _____

1. Number of people who live in house? 5 # 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? 9 months 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?
water backs up in lids and surges in toilets
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 Heavy rains
Washing clothes and

D-Box was replaced in past. Box had deteriorated.

N53° 29' 11" E, 165.00'

N 53° 4'

S 63° 17' 24" E

S 63° 17' 24" E

(2)

0.980 Ac

0.930

SITE PLAN APPROVAL

District RA-30 Use SFN

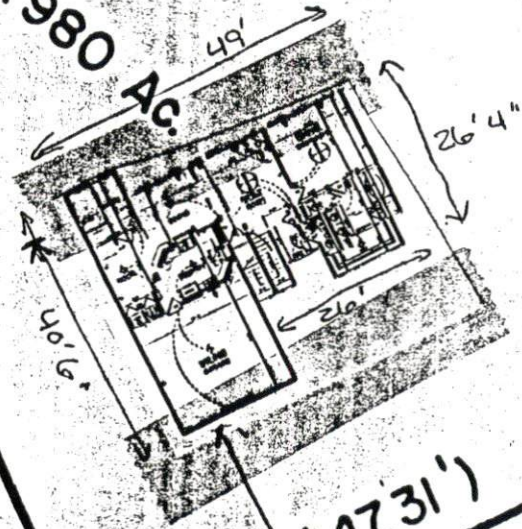
Bedrooms 3

28 DEC 94

T. Peay

Date

Zoning Administrator



252.77'

(177.0)

495.49'

50' R/W

(116)

S 26° 42' 36" W

TROY DRIVE

(135.00')

(216.17')

(1)
0 Ac.

N 59°

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Raleigh Durham Const New Installation Septic Tank
Property Location: SR# 1456 Repairs Nitrification Line
Subdivision Hilliard Place Lot # 2
TAX ID# _____ Quadrant # _____
Contractor: Clint Adams Registration # _____
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50+ ft.

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

Type of system: Conventional Other Infiltrator INWS-93-2-R1
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field: No. of ditches 2 exact length 18 ft width of ditches 3 ft. depth of ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 10062 Date: 3-15-96
Inspected by: Thomas J. Boyce R.S.
Environmental Health Specialist

