

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

APPLICATION FOR REPAIR

0		Cell 919-935-96.
Brian White		Mond 919-498-2110 / 910-9
58 Stone diFF	/ / /	PHONE # (HOME) PHONE # (WORK/CEL
ADDRERS	Lane, Santord	MAILING ADDRESS IF DIFFERS
		MAILING ADDRESS IP DIFFERS
IF RENTING, LEASING, ETC., LIST PROF	PERTY OWNER NAME	
StonecliFF	4 1	(Hyer 27) 1.19
SUBDIVISION NAME	LOT# 8	STATE RD NAME & # SIZE OF LOT OR TRACT
Type of dwelling 🗆 Modular 🗖 M	obile Home 🖄 Stick built 🗆 (Other
Number of bedrooms 1 ☐ 2 ☒ 3 i	☐ 4 ☐ or more ☐ Basement	Other
Garage ဩ Yes □ No Dis	hwasher 🖄 Yes 🗆 No	Garbage Disposal □ Yes ☑ No
Water Supply: ☐ Private Well	☐ Community System	⊠ County
Directions from Lillington to your	site: Hwy 27 W	lest From Lillington In
lott no stone	155/	Drox .5 miles past Buffalot
TETT ON STONE C	ITT rane (ap)	Drox .3 miles past Buffulot
Road/ Scord L	10050 on right	on Stonecliff Lane,
n order for Environmental Health	to help you with your repair y	you will need to comply by completing the
A * surveyed and reconthis application along wit location of any wells and The outlet end of the tank tank is uncovered, proper 910-893-7547 to let Envir	ded map" and "deed to your parts a site plan showing (a) location other existing structures. It and distribution box will need that you include the try lines are marked and orange commental Health know that you	property" (not your house) must be attached to on of dwelling (b) location of driveway (c) to be uncovered and property lines marked. After the e sign has been placed, you will need to call us at ar site is ready for evaluation.
y signing below, I certify that all of the a enial of the permit. The permit is subjec	bove information is correct to the to to revocation if the site plan, inter	best of my knowledge. False information will result in the nded use, or ownership change.
gnature /	28 Jan	09 2/3/09

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 [] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO
Installer of system Suilder of home Septic Tank Pumper Banaran Donathon
Designer of System not sure
1. Number of people who live in house? 2 # adults 2 # children 4 # 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? 22 Juno 9 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 [] mouthly
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? [] YES [/] NO If yes, please list
10. Do you put household cleaning chemicals down the drain? N YES NO If so, what kind? dish soap/cu-per
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 V 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? [X] YES [] NO Please check all that apply [X] 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. My septic pumper fold me my liquid crash live crash cracked
noticed. My septic pumper told me my liquid caush live cours created and upon Further invistigation said the lower part of the tary was created as well. The expert of the created its un known. 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 uchiele dumage (Suspected)
The same of the sa

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH (TION

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OPERATIONS PERMIT

Name: (owner)	Anny Aorr	5	New Installation	on Septic Tank
Property Location:	SR# HWI 27		Repairs	Nitrification Line
Troporty Location.	Subdivision Stone	Cl. ff Wood)	Lot#	
	TAX ID#	Wood)	Quadrant #	
一	0		10 - 0	
Contractor:		0000	Registration #	
Basement with Plun		Garage:		
Water Supply:	Well Public	Community		
	:_ <u>Simn</u> f			
Following are the	specifications for the	sewage disposal sys	stem on above capti	oned property.
Type of system:	Conventional	Other		
Size of tank:		gallons Pu	ump Tank:	gallons
Subsurface Drainage Field	No. of ditches of	kact length f each ditch <u>//o</u> f	width of ft. ditches ft	depth of ditches $\frac{3 \cdot 2}{100}$ in.
French Drain:	Linear f	eet	1 / 62	
		Date:	1-8-97	M,
PERMIT NO.	1777	Inspected	d by:	tal Health Specialist
\$ ***		10/1	S D	
Min My Cont			B15 1003 510 703	LPP

No 0973

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IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department".

Name: (owner)	NNY NOTH'S	New Installation	☐ Septic Tank
Name: (owner) Q4	V27	☐ Repairs	□ Nitrification Line
220,000	7		
Subdivision Sellu	.ood	Lot #	4
Tax ID#			
Tax ID#	Lot	Size: /-/9	
Basement with Plumbing:	Garage:		
Water Supply: 🗆 Well	Public 🗅 Commun	nity	
Distance From Well:	ft.		
Following is the minimum sp property. Subject to final app	roval.		ove captioned
Type of system: Conventional	Other	ρ	
Size of tank: Septic Tank: 90	20 gallons Pu	np Tank: 900 gallon	8
Subsurface No. of Drainage Field ditches	exact length 67	width of 3 ft.	depth of 18 in.
French Drain required:	Linear feet	# A	- 24
This permit is subject to revo		Date: Signed:	-9-95 Endy
VOID AFTER 5 YEARS	oin 7.		Health Specialist
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		monifold	system
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