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

	EMAIL ADDRES	S: MIKEZEB1@GMAIL, CO
NAME_ MICHAEL V. MAXSON	PHONE NUMBER	919-577-6503
PHYSICAL ADDRESS 182 RIDGE CT. THE	WAY VARINA, NO	27526
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)		
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER	NAME	
SW.PINES SUBDIVISION	7 BAPTIST 1- PAUL	es 7,497 AC.
SUBDIVISION NAME LOT #/TR	ACT # STATE RD/HW	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home	e [/ Stick built []Other_	and the second s
Number of bedrooms 3 [4] Basement		
Garage: Yes [No [] Dishwash	er: Yes [No []	Code of the code o
Water Supply: [] Private Well [] Commu	nity System	Garbage Disposal: Yes [] No [/]
Directions from Lillington to your site: 401 5 7	D CHAIN STEKE (ROAD) (7 7 0 00
ROAD (E) 65 miles	commence of the control of	10 BAPTIST GRAVE
e is miles	TO RIDGE OT (R)	TO 182 PIDGE CT.
In order for Environment 111		
In order for Environmental Health to help you with 1. A "surveyed and recorded map" and "deed to you	your repair, you will need to co	omply by completing the following:
wells on the property by showing on your survey	must be attached to	this application. Please inform us of any
2. The outlet end of the tank and the distribution b	Nov will mand a di	property lines flagged. After the tank is
us at 910-893-7547 to confirm that your site is	and the orange si	gn has been placed, you will need to call
Your system must be repaired within 30 days of issuance letter. (Whichever is applicable.)	e of the Improvement Permit or th	e time set within receipt of a vist of
By signing below, I certify that all of the above informati the denial of the permit. The permit is subject to revocat	on is correct to the best of my kno	Wledge Ealso information
	ion if the site plan, intended use, o	or ownership changes.
M. Y. Week	9/2.1	
Signature	7/21/2011	6

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks 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 [JNO Also, within the last 5 years have you completed an application for repair for this site? [] YES [JNO
Year home was built (or year of septic tank installation)2000
Installer of system 2
Installer of system 7, Septic Tank Pumper LYONS SEPTIC TANK SERVICE
Designer of System 7
1. Number of people who live in house? # adults # children # total
2. What is your average estimated daily water usage? S/ gallons/month or day county
water. If HCPU please give the name the bill is listed in MICHAEL MAXSON
3. If you have a garbage disposal, how often is it used? I I dollar I I would be a second of the sec
The was the septic tank last pumped? 7/10/2016. How often do you have it moved to
The state of the s
o. If you have a wasning machine, how often do you use it? I daily I I many other days at the same of
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 land to
 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?
Come 1, Schubling isalves.
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [YNO
12. Have you installed any water fixtures since your system has been installed? I I was taken
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, baseliefft foundation drains, landscaping, etc? If we nlease list λ/A
15. Are there any underground utilities on your lot? Please check all that apply:
16 Describe what is because [] 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?
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

Water

♦ Work, Inc. P.O. Box 71333 • Durham, NC 27722 • (919)479-7332 • Fax (919)479-1373 • www.waterworkinc.com NCOWCICB CERTIFIED SEPTIC INSPECTION REPORT

Report to: David Jenkins	Phone: 919-493-4434	
Fonville Morisey Realty	Fax: 919-595-3920	
1304 West North Carolina Highway 54	Email: djenkins@fmrealty.com	
Durham, North Carolina 27707	idaedhouse@gmail.com	
Buyer: Edward Hruby and Idalina Garcia-Hurby	Seller: Michael V. Maxson	
Invoice #: 16091413 Invoice Amount: \$ 285.00	Requested by: Edward Hruby Date: 9/6/16	
Property Address:	County: Harnett	
182 Ridge Court		
Fuquay-Varina, North Carolina 27526	Detection of the control of the cont	
House is: [] New [x] Existing [x] Occupied [] Vacant Power is: [x] On [] Off Date of Inspection: 9/14/16	Date tank was last pumped: 9/14/16 [] Unknown Percentage of sludge detected in tank: 0%	
[x] Copy of operations permit from Harnett County Environmenta [] Operations permit unavailable	Health Department attached	
The water supply for this home is furnished by [] Well [x] Commi	unity/Public Water	
Type of septic system: [] Conventional [] Accepted [x] Innovative [] Experimental [] Controlled Demonstration		
System requires a subsurface operator [] yes [x] no. If yes, copy of most recent report attached		
If yes, Operator Name Operator Phone		
Location of Septic Tank and Septic Tank Details: Septic tank is in		
34 ft from house or structure ft from well	~85 ft from water line Unknown ft from property line	
1.5 ft from surface to top of tank Access riser(s)	present [x] yes [] no Describe: Single concrete on inlet end.	
Tank lids intact [] yes [x] no** Tank has baffle wall [x]	yes [] no Roots present in tank [] yes [x] no	
Inflow to tank is noted as [x] sufficient*** [] insufficient or blocked	Outlet T is present [x] yes [] no Outlet has filter [x] yes [] no	
Evidence of infiltration of surface water into tank [] yes [x] no Evidence of tank leakage noted [] yes [x] no		
[] Unable to locate tank. System inspection cannot be complete	d until tank is located	
Does system have a pump tank? [] yes [] no		
ft from house or structure ft from well	ft from water line ft from property line	
	present [] yes [] no Describe:	
ft from septic tank		
Location of control panel:	d [] voc [] no. Alarm is working [] voc [] no.	
Electrical connections are in place and properly grounded [] yes [] no Alarm is working [] yes [] no Pump is working [] yes [] no Dosing volume is correct [] yes [] no [] Unknown		
Location of Drainfield: Drainfield is in the side yard north northea	et of the house ****	
Unknown ft from property line ~50 ft from septic/pump	tank All lines located Length of lines is 345 ft	
Evidence of past or current effluent surfacing at time of inspection		
Large trees or other vegetation noted over drainfield area [x] yes****** [] no		
Evidence of traffic over drainfield [] yes [x] no		
Pretreatment; type and description, if yes [] yes [x] no		
Comments:		
*Top of outlet end of the tank is cracked in 5 locations. See attacked	ched photo.	
Suggest contacting the Harnett County Environmental Health Department (910-893-7547) for a possible repair permit.		
**Outlet lid is broken and should be replaced. See attached photo.		
***A constant drip into the septic tank indicates a possible plumb	ing leak. See attached photo. Suggest having plumbing	
checked.		
****Distribution box could not be located due to extremely rocky		
*****Suggest using copper sulfate semi-annually to help discourage root growth in the drainfield. Effluent filter in the outlet T of the septic tank should be cleaned annually as a part of regular maintenance.		
Septic tank should be pumped every 3 – 5 years as part of a regi		
Septic tank should be pumped every 3 - 5 years as part of a regi	dia mantenance program.	
	1 ()	
Inspector Name: Jim Cornwell Insp. Cert. #: 2486l Signatu		
Most of the onsite wastewater system is located underground and can not be directly observed. This report is based on information provided by the requestor and on an on-site inspection, and describes the appearance of the onsite wastewater system at the time of inspection only. Neither WaterWork,		
Inc. nor the inspector are responsible for false or misleading information provided by the requestor, for concealed conditions on the property, or for		
statements in the report that resulted from false or misleading information provide	ded to WaterWork, Inc by the requestor. No representation, warranties or	

opinions are hereby given, written or expressed otherwise, as to the future performance of the onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on the date of inspection.

