

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 ADDRESS: \_\_\_\_\_

NAME Amber Taylor PHONE NUMBER 910.818.5487

PHYSICAL ADDRESS 310 Hannah Lori Dr Cameron NC

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME \_\_\_\_\_

Woodbridge LOT Hwy 27/27  
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling:  Modular  Mobile Home  Stick built  Other \_\_\_\_\_

Number of bedrooms \_\_\_\_\_  Basement

Garage: Yes  No  Dishwasher: Yes  No  Garbage Disposal: Yes  No

Water Supply:  Private Well  Community System  County

Directions from Lillington to your site: to Hwy 27 west turn (R)  
at 24(27) NC 3/4 of mile on Right  
Woodbridge TURN (Left) Hannah Lori Dr.

**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.

Amber Taylor 2/26/18  
Signature Date

3-9-18  
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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) 2004  
Installer of system TED Brown  
Septic Tank Pumper Bullard Septic  
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? \_\_\_\_\_ 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? 2014 How often do you have it pumped? 3-4 yrs  
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?  
Switch needs repair

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 \_\_\_\_\_

HTE 035-72712

16595

# OPERATIONS PERMIT

Name: (owner) Pine Grove Dev.  New Installation  Septic Tank  
 Property Location: SR# NC 24/27  Repairs  Nitrification Line  
 Subdivision Wood Bridge Lot # 22 plus lot 21  
 Tax ID # \_\_\_\_\_ AS Septic Emiss  
 Quadrant # \_\_\_\_\_  
 Contractor: Ted Brown Registration # \_\_\_\_\_

Basement with Plumbing:  Garage:   
 Water Supply:  Well  Public  Community  
 Distance From Well: 50 ft.

LINES OK Tanks OK  
Needs Pump & Alarm  
checked

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

Type of system:  Conventional  Other Pumps ~~and~~ Tire Chips

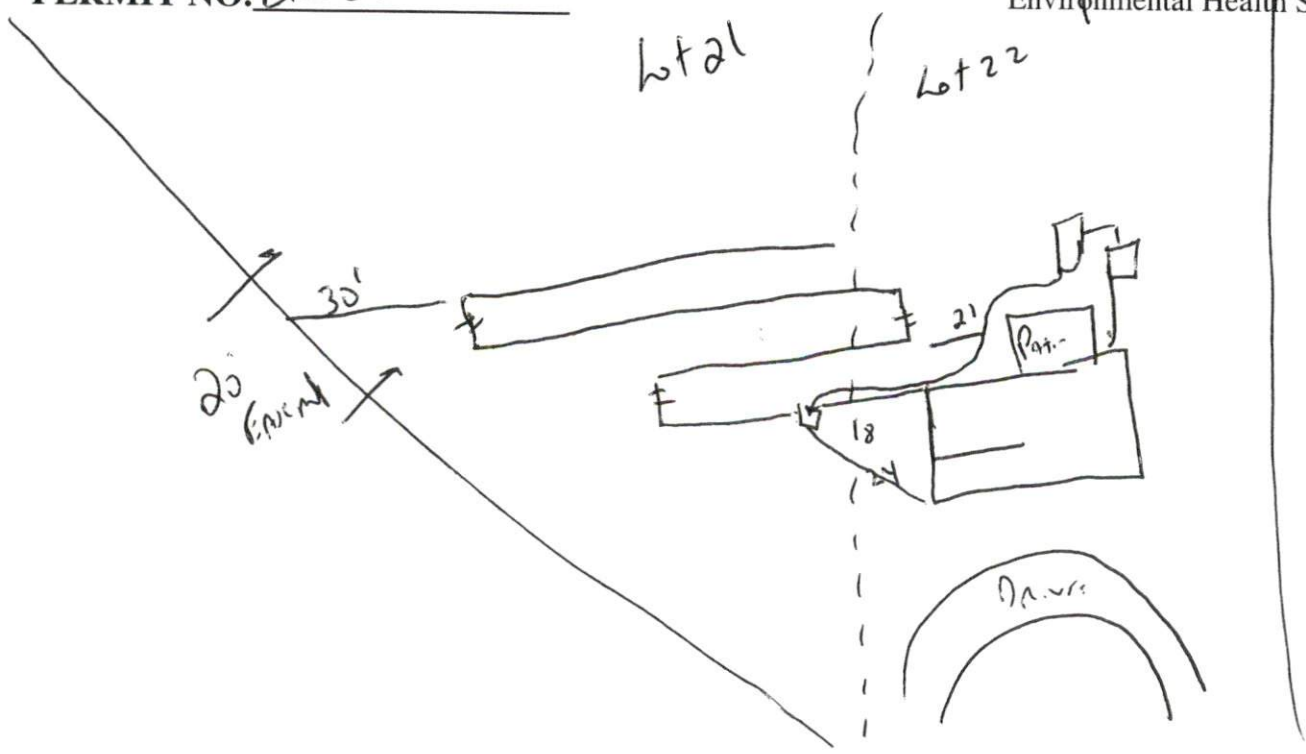
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 09-15-04  
 Inspected by: [Signature]  
 Environmental Health Specialist

PERMIT NO. 20586







Harnett County Government Complex  
307 W. Cornelius Harnett Boulevard  
Lillington, NC 27546

ph: 910-893-7547  
fax: 910-893-9371

**TO:** HARNETT CO. SHERIFF'S DEPARTMENT, Civil Service Division  
**FROM:** Kelley Hinson, Processing Assistant Harnett County Environmental Health  
**DATE:** 2-20-18

Please hand deliver this violation letter to the address below, and return this form to me.  
Thank you in advance for your assistance.

Amber Taylor + Hayley Reams  
310 Hannah Lori Drive  
Cameron NC 28324

On \_\_\_\_\_ (date) a violation letter from the Harnett County Department of  
Environmental Health was delivered by:

(Deputy) Sheriff \_\_\_\_\_, # \_\_\_\_\_ and  
was signed for by:

\_\_\_\_\_  
Signature of person/individual accepting service

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Printed Name of individual accepting service

\_\_\_\_\_  
The violation letter WAS NOT served for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

