	ENVIRONMENTA 307 W. CORNELI	HEALTH DEPARTME AL HEALTH SECTION IUS HARNETT BLVD. FON, NC 27546	according!
	910-893-	75.47 DUONE	White interferen
Call Otis -	910-893	3-9371 FAX	ununter michel
Call etis	Application	n for Repair	wy septic lines
		EMAIL ADDRESS:	hethers.
NAME CLESTER A	n Ranal	EMAIL ADDRESS:	0
NAME Chester 1	AL O O	PHONE NUMBER 9/0	1-818-5286
PHYSICAL ADDRESS 28/6	N.C. 2105	Lilling Ton,	n.C, 27546
MAILING ADDRESS (IF DIFFFERENT	THAN PHYSICAL) P. & J	Box 841 Lillin	aton, n.C. 2754
IF RENTING, LEASING, ETC., LIST PR	OPERTY OWNER NAME		0

SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	Mobile Home	Stick built [] Other_	SILL OF LOTYTRACT
Number of bedrooms 3] Basement		
Garage: Yes[]No 🔀	Dishwasher: Yes [] N		
Water Supply: [] Private Well			Garbage Disposal: Yes [] No
	[] Community System	•••	The second of the
Directions from Lillington to your sit	e: N.C 2105	outh 25 m	iles 28/6
on Right			
0			
In order for Fr. 1			
A <u>"surveyed and recorded mages</u> wells on the property by show The outlet end of the tank and	ving on your survey map.	de house be attached to this ap	plication. Please inform us of any
uncovered, property lines flag us at 910-893-7547 to confirm			y lines flagged. After the tank is seen placed, you will need to call
Your system must be repaired within 3	30 days of issuance of the Im	valuation. Provement Permit or the time	set within receipt of a violation
g ^{mon} con•			
By signing below, I certify that all of th the denial of the permit. The permit is	e above information is corre	ct to the best of my knowledge	. False information will result in
	subject to revocation if the s	ite plan, intended use, or owne	ership changes.
Chesty M. Bea	subject to revocation if the s	1-25 - 16	ership changes.
0 + 0	subject to revocation if the s	1-25-16 Date	ership changes.

2/1/16

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.

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 N/O DO NOT K NOW
Septic Tank Pumper N/D Op Not Know
Designer of System Da Not KNOW
 Number of people who live in house?# adults# children# tota What is your average estimated daily water usage?gallons/month or daycounty 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? How often do you have it pumped?
J. II VOU lidve a dishwasher how often do you use it? I'd deit.
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 [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or
chemotherapyr 1 tES NO It ves 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? I i ves 64 No. 16
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
drains, basement roundation drains, landscaping, etc? If we please list A
13. Are there any underground utilities on your lot? Please check all that apply:
Power M Phone 1 Cable 1 Cas You was
first noticed?
drain Line has water coming up out of ground
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 04-5-8597R

H NETT COUNTY HEALTH DEPAR 'ENT ENVIRONMENTAL HEALTH SECTION

17053

OPERATIONS PERMIT

Name: (owner) Billy Long	✓ New Installation ✓ Septic Tank
Property Location: SR# HWY 210	
Subdivision	,
Tax ID #	Quadrant #
Contractor:	Registration #
Basement with Plumbing:	
Water Supply: ☐ Well ☐ Public ☐ Community	
Distance From Well:ft.	
Following are the specifications for the sewage disposal system of	
Type of system:	15 EEE-222 Flow
Size of tank: Septic Tank: 1903 gallons Pump 7	Tank: 1000 gallons
Subsurface No. of exact length of each ditch 170 ft.	width of depth of ditches 18 22 in.
PERMIT NO. 20704 Linear feet Date: Inspect	ed by: Oce Wars Environmental Health Specialist
23 23 25 23 23 23 23 23 23 23 23 23 23 23 23 23	Repair ARA

Selected Parcels Feature	
Parcel Identification	
PIN	0548-77-2492.000
[ParcelNumber]	100548 0001 17
[REID]	0060269
Owner Information	
[AccountNumber]	1500017499
[Name1]	BEARD CHESTER
[Name2]	BEARD CONNIE
[Address1]	PO BOX 841
[Address2]	
[Address3]	
[City]	LILLINGTON
[State]	NC NC
[ZipCode]	27546
Assessment Data	
[ParcelBuildingValue]	89480
[ParcelObxfValue]	
[ParcelLandValue]	20000
[TotalAssessedValue]	109480
Property Information	
[StreetDirection]	
[UnitNumber]	
[HouseNumber]	002816
[StreetName]	NC 210
[StreetType]	
[StreetSuffix]	S
Legal Desciption	
[LegalDescription]	LT#2 RICKY DEAN THOMPSON MAP#2004-43
[LegalLandUnits]	0.99
[LegalLandType]	AC
GIS Calc Acres	0.96889735
[PlatBook]	2004
[PlatPage]	0043
Structure Data	
[ActualYearBuilt]	2004
[TotalAcutalAreaHeated]	2052
Sales Information	
[DeedBook]	03352
[DeedPage]	0939
[DeedDate]	2015-11-02 19:00:00
[SaleYear]	2015
[SalePrice]	33000
Parcel Links	
Zoning Overlay	100548 0001 17
Soils Overlay	100548 0001 17
PRC	100548 0001 17