HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546

910-893-7547 PHONE

Conglain #972

Signature /

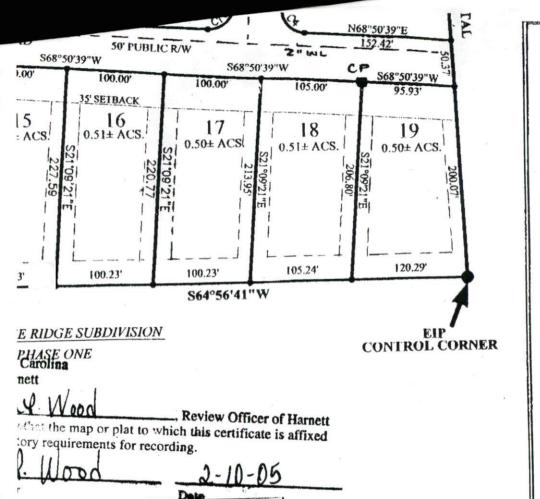
Application for Repair ay out att'd

		-	
- 1		EMAIL ADDRESS	i:
NAME PAISY A JOUR	2011	PHONE NUMBER	4
PHYSICAL ADDRESS 70 C	Otto RD,	Lillington y	1C 27546
MAILING ADDRESS (IF DIFFFERENT T	17/	J a	
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME_	PATSVA, Joh	nson
Cherellee Rid	ge 16		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HW	Y SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	M Mobile Home	[] Stick built [] Other	
Number of bedrooms[]	Basement		
Garage: Yes [] No [Dishwasher: Yes	[] No [/	Garbage Disposal: Yes[]No[]
Water Supply: [] Private Well		stem I/Count	,
Directions from Lillington to your site	: 27 to M	Tingent ther	Micro Towerto
Cheerecky Ric	tge to PAD	asso to Otto	DO.
wells on the property by show	ing on your survey man	operty" must be attached	comply by completing the following: to this application. Please inform us of any
The outlet end of the tank and uncovered, property lines flagg	the distribution box wil	I need to be uncovered and es marked, and the orange	property lines flagged. After the tank is sign has been placed, you will need to call
us at 910-893-7547 to confirm our system must be repaired within 3	O days of issuance of th	or evaluation. e Improvement Permit or	the time set within receipt of a violation
etter. (Whichever is applicable.)			time set within receipt of a violation
ly signing below, I certify that all of the he denial of the permit. The permit is	above information is c subject to revocation if	orrect to the best of my ki	nowledge. False information will result in
Vota Blownson		2/14/10	

Date

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) Installer of system Septic Tank Pumper Designer of System 1. Number of people who live in house? # children 2. What is your average estimated daily water usage? gallons/month or day 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? 8 moulded you have it pumped? 5. If you have a dishwasher, how often do you use it? ("Ydaily [] every other day 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 [V 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_NC 15. Are there any underground utilities on your lot? Please check all that apply: M 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? It is putling Sewage in the Nieghbors yAR 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



1 Mac H. Osbarne do hereby certify thateon A. Somlerse personally appeared before me this day and acknowled, ed the due execution of this certificate. Witness toy hand and official seal this 10 day of Jankay, 2005.

Mac H. Osborne

Notary Public

Official Seal

My Commission Expires: June 18, 2008

Certificate of Improvements Maintenance

I hereby certify that I assume all financial and legal responsibilities for the maintenance and upkeep of all streets and other required improvements in the Cherokee Ridge Subdivision, Phase Two until such time that they are accepted for maintenance by the North Carolina Department of Transportation or other Pin- Inois Duncloppost Cour appropriate public entities.

110105

Date

FINAL PLAT FOR:

CHEROKEE RIDGE SUBDIVISION PHASE TWO

BARBEQUE TOWNSHIP, HARNETT COUNTY **NORTH CAROLINA**

DATE: JANUARY 10, 2005

DEED BOOK 1469 PAGE 856 PIN #9597-91-1197

SCALE: 1"=100"

FRONI TYPICAL LOT SETBACKS NOT TO SCALE

SETBACKS

35'

HANNETT COUNTY HEALTH DEPAR MENT HTE # 05-500- 12 14 18 ENVIRONMENTAL HEALTH SECTION

17666

OPERATIONS PERMIT

Name: (owner) Pine Grove Dev. Corp. New Installation Septic Tank - Repair
Property Location: SR# // Nitrification Line Expansion Subdivision Charakee Ridge Lot # / Tax ID # Quadrant #
Contractor: Ted Broun Registration #
Basement with Plumbing: Garage: Garage:
Water Supply: Well Public Community Distance From Well: ft.
Following are the specifications for the sewage disposal system on above captioned property.
Type of system: Conventional X Other 25% White John Zafiller
Type of system: Conventional Other 25% While John Zafa Harden Size of tank: Septic Tank: Other 25% While Land Zafa Harden Gallons Pump Tank: gallons
Subsurface No. of ditches exact length of each ditch fit. Width of ditches fit. depth of ditches fit.
French Drain Required: Linear feet Date: O1 - O5
PERMIT NO. Inspected by: Qa USOS
20110
35 12 30h 11 12 14 14 14 14 14 14

HTE# 05-50012614R HARN T COUNTY HEALTH DEPARTM T

IMPROVEMENT PERMIT 22710

permit i	ction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written from the Harnett County Health Department."
Name:	(owner) Pine Grac Dev. Coop. New Installation Septic Tank Repair
Propert	Nitrification Line Expansion Department Lot # 16 Quadrant # Per of Bedrooms Proposed: 3(26x56) (365x6d) Lot Size: _\$51 Ac
Tax ID	Quadrant #
Raceme	ent with Plumbing: Garage: Gar
Distanc	Supply: Well Public Community ft.
Follow	ing is the minimum specifications for sewage disposal system on above captioned property.
Subject	t to final approval. Time Chips OK
	f system: 🗡 Conventional 🗖 Other
	tank: Septic Tank: gallons Pump Tank: gallons
Subsurf Drainag	face No. of exact length width of depth of ge Field ditches ft. of each ditch 3 ft. ditches ft. ditches ft. ditches
French	Drain Required: Linear feet
· · ·	Date: 7-27-05
	ermit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
pians o	r intended use change.
İ	Signed: Environmental Health Specialist
-	225' /Environmental Health Specialist
pd	20'3 10 10 10 20 LP Repair (250 LF) 100
	DRIVE 25
-	
	STUB of Plumbing Shallow
	manatan All Sct Darks



www.harnett.org

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

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

March 4, 2014

Patsy Johnson 70 Otto Road Lillington, NC 27546

RE: Failing system located at: 70 Otto Rd. – Lt 16 Cherokee Ridge Ph. 2 Map # 2005-99 PIN# 9597-91-7262.000 – Complaint # 1972

Dear Ms. Johnson.

An on-site inspection was made on your property on February 24, 2014 by an Environmental Health Specialist and observed a failing septic system.

You are hereby notified that you are violating the Rules and Regulations adopted by the North Carolina Commission for Health Services in accordance with requirements of Article 11 Chapter 130A-335 (a) of General Statues of North Carolina. Any person owning or controlling a residence, place of business, or place of public assembly containing water using fixtures connected to a water supply source shall discharge all wastewater directly to an approved wastewater system permitted for that specific use. A wastewater system may include components for collection, treatment and disposal of wastewater.

We request that you contact the Health Department within 7 days in order to obtain an improvement permit. You are required to correct this problem within 30 days from this date. You will be required to bring a recorded survey map, deed, and fill out a repair application in order to obtain an improvement permit. Please be advised that any action you may take without an improvement permit does not absolve you of the responsibility for correcting this public health problem, according to health department standards. The continuation of this violation may constitute a health hazard, and <u>if you do not comply within the allotted time frame we will be forced to obtain legal action</u>.

I can be contacted at 893-7547 Monday-Friday, from 8:00-9:00 a.m.

Bril R.E. H.S.

Sincerely,

Graham H. Byrd, R.E.H.S.

Environmental Health Supervisor

Harnett County Department of Public Health

Environmental Health Section

GB/sgs

Enclosure(s)

BM 3/17/2014 Spoke with person at home + suggested that
they get a septic contractor to come and reconnect plack jipe
to chamber, There may be some crushed chambers that will be need to
replaced,
BM 5/28/2014 End of first line of panels crushed; recommend replaces
then + ree; fitworks.