Harnett COUNTY NORTH CAROLINA

Emergency Services Department
www.harnett.org

Application for Plan Review

Application # _____-_____

Date Received: _____ Received By: _____

Name of Project: Camp Agape

Physical Address of Project: 1369 Tyler Dewar Lane

Fuquar-Varina, NC 27526

Plans Submitted By: Mastin Aquatic Group LLC

Project Phone: (336)- 469-4006

Contact Person/Address: James (Buster) Mastin

Contact Email: bmastin@mastinrecreation.com

Contact Phone: (336)- 469-4006 (_____)-_____-_____

Contractor's Name/Info: James (Buster) Mastin

1215 Souther Rd. North Wilkesboro, NC 28659

NC Contractor License: 38992

Contractor's Phone: (336)- 469-4006

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website http://hteweb.harnett.org/Click2GovBP/Index.jsp or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

HARNETT COUNTY PLAN REVIEW APPLICATION
SWIMMING POOLS

Review for Compliance with NC Rules Governing the Public Swimming Pools (15A NCAC 18A .2500)

All items are to be submitted through the Central Permitting Office at 420 McKinney Pkwy., Lillington, NC 27546 or by mail at PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

A plan review fee of $400.00 must be paid when plans are submitted.

If you have questions, please contact a Registered Environmental Health Specialist at 910-893-7547.

Two set of plans must be submitted with the following supporting documentation:

- ✓ Plans must show pool, deck, fencing, and any other appurtenant buildings.
- ✓ Plans must include drawings showing the placement of equipment in the facility, including any equipment rooms, chemical storage rooms, toilets and bathing facilities, dressing rooms, along with plumbing, electrical, and mechanical and lighting details.
- ✓ Piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool piping system.
- ✓ Specifications of all treatment equipment used and their layout in the equipment room, include equipment cut sheets.
- ✓ Plans must include a site plan locating exterior equipment such as dumpsters or compactors, and indicating the proposed connections to approved sewer and water connections and backwash water disposal.
- ✓ Plans shall be drawn to not less than one eight inch to the foot scale.
- ✓ A completed "Pool Drain Safety Compliance Data" Form Revised 4/1/2022
- ✓ A 400.00 Plan Review Fee

gv
8/22

Pool Drain Safety Compliance Data

PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE

A separate form is required for each pump including circulation, jet or feature.

Name of Pool Camp Agape **ID#** _____

1. **Pump Flow**
Pump Manufacturer Pentair Intelliflo Model # Intelliflo3 Horsepower 3

Maximum Pump Flow at highest speed **FROM PUMP CURVE**: _____ gpm. Pump use (Circulation) jet / feature (circle one)

Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES (NO)

Flow meter manufacturer Blue-White Flow meter reading 125 GPM

2. **Drain Sump Measurements** Is drain cover sumpless? YES/NO (if Yes, proceed to section #3)

Sump manufacturer and model _____ OR: Field built sump (circle if yes)

Diameter of pipe entering sump 4 inches. Pipe enters through (BOTTOM) SIDE of sump (Must circle one)

Distance between highest point of outlet pipe and top edge of sump 12" inches. Sump dimensions 12 x 12 x 20

3. **Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER'S INSTRUCTIONS- Attach Instructions to form.**

Number of main drains on each pump 2 Distance between main drains (on centers) 4 feet 0 inches

Cover/grate manufacturer Waterway, model 640-472xV, VGBA approval 2008 (2017) (circle one)

Maximum flow rating of cover/grate 356 gpm Cover(s) located on pool (Floor) wall (circle one)

Date installed Spring 2026 Lifespan 5yrs **EXPIRATION DATE** 2031

4. **Equalizer Covers** NA
Number of *operable* skimmer equalizers _____ Have the equalizers been permanently disabled? YES / NO

Equalizer fitting Manufacturer _____, Model _____, Lifespan _____

Bulkhead adaptor Manufacturer _____. Model _____, Date Installed _____

Diameter of equalizer pipe _____ Cover is located on (circle where mounted): Floor / wall

Equalizer fitting maximum flow rating _____ gpm.

Date equalizer cover/grates installed _____ **EXPIRATION DATE**: _____

5. **Safety Vacuum Release System (SVRS)** –Safety Vacuum Release System manufacturer/model# - _____
You will be required to demonstrate effectiveness during permitting inspection. Date last tested _____

6. **Vacuum Line** Choose One
_____ No vacuum line in pool **OR** _____ Protective cover on vacuum lines installed before May 1, 2010, **OR**
__X__ Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

Full name of person providing this information James (Buster) Mastin

Signature _____ Date 09/16/2025

NCDHHS
Revised 1/27/2022 for immediate use.

Harnett COUNTY

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CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

COMMERCIAL LAND USE APPLICATION

SITE ADDRESS: 1369 TYLER DeWAR LN PIN: _____

LANDOWNER: CAMP AGAPE Mailing Address: 1369 TYLER DeWAR LN.

City: FuQuAy VARINA State: NC Zip: 27526 Phone: 336-986-0315 Email: exec.AgapeKureBeach.org

*Please fill out applicant information if different than landowner.

APPLICANT: Jeff Fike Mailing Address: _____

City: APEX State: NC Zip: 27502 Phone: 919-422-2214 Email: Jeff.Fike@JFBUILDERS.com

PROPOSED USE: — See comments

☐ **Multi-Family Dwelling**: # Units: _____ # Bedrooms/Unit: _____

☐ **Business**: SQ. FT.: Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____

☐ **Daycare**: # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____

☐ **Industry**: SQ. FT.: _____ Type: _____ # Employees: _____ Hours of Operation: _____

☐ **Church**: Seating Capacity: _____ # Bathrooms: _____ Kitchen: Yes ☐ No ☐

☐ **Sign**: (Size ____x____) Type: _____ Illuminated: Yes ☐ No ☐ If yes, Internal ☐ External ☐

☐ **Accessory/Addition/Other**: (Size ____x____) Use: _____

UTILITIES:

Water Supply: County ☐ Existing Well ☐ New Well (# of facilities using well _____) ☐

Sewage Supply: New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

COMMENTS: Pool Renovation + small addition to craft rm
The camp is over 600 acres. The pool location has it own septic field.

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent _____ Date 9-12-25

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

APPLICATION CONTINUES ON BACK

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Environmental Health Department Application for Improvement Permit and/or Authorization to Construct

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

☐ **NEW SEPTIC SYSTEM INSPECTION**

- ***All property irons must be made visible.*** Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**

☒ **EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over outlet end of tank, lift lid straight up (*if possible*), and then **put lid back in place.** ***Does not apply to septic tank in a mobile home park***
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

☐ Accepted ☐ Innovative ☐ Conventional ☐ Any ☐ Alternative

☐ Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

YES ☐ NO ☒ Does the site contain any jurisdictional wetlands?

YES ☐ NO ☒ Do you plan to have an irrigation system now or in the future?

YES ☒ NO ☐ Does or will the building contain any drains? Please explain: Pool DRAINS

YES ☒ NO ☐ Are there any existing wells, springs, waterlines, or wastewater systems on this property?

YES ☐ NO ☒ Is any wastewater going to be generated on the site other than domestic sewage?

YES ☐ NO ☒ Is the site subject to approval by any other Public Agency?

YES ☐ NO ☐ Are there any easements or rights-of-way on this property?

YES ☒ NO ☐ Does the site contain any existing water, cable, phone, or underground electric lines?

If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a $25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

Signature of Owner or Owner's Agent

9.12.2025
Date