

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

NAME First Troy EMAIL ADDRESS: pgordonrealtor@windstream.net  
PHONE NUMBER 919 770-5411 Pam Gordon  
PHYSICAL ADDRESS 120 Highfield Lane Broadway NC  
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 147 Chatham St. Sanford, NC 27330  
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT #/TRACT # \_\_\_\_\_ STATE RD/HWY \_\_\_\_\_ SIZE OF LOT/TRACT \_\_\_\_\_

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

Number of bedrooms 4 ☐ Basement

Garage: Yes ☐ No ☒ Dishwasher: Yes ☒ No ☐ Garbage Disposal: Yes ☐ No ☒

Water Supply: ☐ Private Well ☐ Community System ☒ County

Directions from Lillington to your site: US 421 toward Broadway right  
into Broadway right on McLeod Drive at stop sign  
right then 1<sup>st</sup> left is Highfield. Home @  
end on right. (Gordon! Assoc. Real Estate sign in yard)

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.

Signature Pamela P. Gordon Date 11/30/15

12/1/15  
S

## 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) 2005

Installer of system Maple Septic

Septic Tank Pumper \_\_\_\_\_

Designer of System \_\_\_\_\_

1. Number of people who live in house? \_\_\_\_\_ # adults \_\_\_\_\_ # children \_\_\_\_\_ # 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? \_\_\_\_\_? How often do you have it pumped? \_\_\_\_\_
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?  
This is a bank owned foreclosed property. When we received a contract on the property Mr. Maples went to
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 \_\_\_\_\_

inspect septic and said the water was coming back in tank. Seems that someone had driven over a line.

**HARNETT COUNTY, NORTH CAROLINA**  
**GIS/LAND RECORDS**



- AddressPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- County\_Boundary
- CityLimits
- Harnett\_2013.sid
  - Red: Band\_1
  - Green: Band\_2
  - Blue: Band\_3

Harnett County GIS  
 305 W Cornelius Harnett Blvd, Suite 100  
 Lillington NC 27546  
 Phone: 910-893-7523    [www.harnett.org](http://www.harnett.org)

Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.



I HEREBY CERTIFY THAT THIS RECORD PLAT COMPLIES WITH THE SUBDIVISION REGULATIONS OF HARNETT COUNTY, N.C. AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS HARNETT COUNTY.

1-29-82  
DATE PLANNING DIRECTOR

THE LOT(S) ON THIS PLAT HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT, BASED ON THIS REVIEW, IT APPEARS THAT LOT(S) ON THIS PLAT MEET APPROPRIATE REGULATION. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE APPROPRIATE HARNETT COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL OR A PERMIT FOR ANY SITE WORK.

1/23/02  
DATE ENVIRONMENTAL HEALTH

#### CERTIFICATION OF OWNERSHIP, DEDICATION AND JURISDICTION

I, (WE) hereby certify that I am (we are) the owner(s) or agent of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish the minimum building setback lines, and dedicate all streets, alleys, walks, parks and other sites and easements to public or private use as noted, and all of the land shown hereon is within the subdivision jurisdiction of Harnett County except:

01-22-2008 Robert V. Bennett / AGENT  
Date owner/agent

DEED REFERENCE: DEED BK 1578, PAGE 856

MAP REFERENCE: MAP NO. 2001-1378

#### NORTH CAROLINA HARNETT COUNTY

I, Mickey R. Bennett, PLS do certify that this plat was drawn under my supervision and description recorded in Book SEE, Page 856, etc.; that this subdivision has been surveyed and clearly indicated as drawn from information found in Book SEE, Page MAP, that the ratio of precision as calculated is 1:10000; that this plat was prepared in accordance with G.S. 47-30 as amended; Witness my original signature, registration number and seal this 22nd day of January, A.D. 2008.



Mickey R. Bennett  
MICKEY R. BENNETT  
L - 1514

I, Mickey R. Bennett, DO HEREBY CERTIFY THAT THIS PLAT RELATES TO A SUBDIVISION OF LAND WITHIN THE JURISDICTION OF HARNETT COUNTY, N.C. AND THAT THE PLAT IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE HARNETT COUNTY SUBDIVISION ACT.

#### STATE OF NORTH CAROLINA HARNETT COUNTY

I, Mickey R. Bennett, REVIEW OFFICER OF HARNETT COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

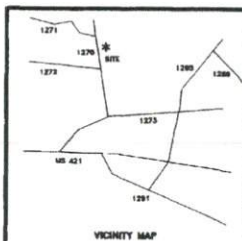
DATE: 1-24-08 REVIEW OFFICER

NOTE: THERE WILL BE NO MORE THAN SIX(6) LOTS CREATED ON THIS EASEMENT. TRAVELING TO BE A MINIMUM OF 20' IN WIDTH AND HAVE A MINIMUM OF THREE INCHES OF AGGREGATE BASE.

THIS PROPERTY IS NOT IN A WATERSHED DISTRICT.

#### LEGEND

----- LINES NOT SURVEYED  
----- LINES SURVEYED  
EIP-----EXISTING IRON PIPE  
ECM-----EXISTING CONCRETE MONUMENT  
NIP-----NEW IRON PIPE  
PKM-----P.K. MAIL SET  
ELS-----EXISTING LIGHTWOOD STAKE  
N/Y-----NOW OR FORMERLY  
R/W-----RIGHT OF WAY  
C/L-----CENTERLINE  
NIS-----NEW IRON STAKE  
EIS-----EXISTING IRON STAKE  
EIP/EIS-----CONTROL CORNER  
ECS-----EXISTING COTTON SPINDLE



#### DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION

APPROVED \_\_\_\_\_ DISTRICT ENGINEER  
DATE \_\_\_\_\_

#### MINIMUM BUILDING SET BACKS

FRONT YARD ----- 35'  
REAR YARD ----- 25'  
SIDE YARD ----- 10'  
CORNER LOT SIDE YARD -- 20'  
MAXIMUM HEIGHT ----- 35'

#### DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS NO APPROVAL NEEDED

DESIGNED BY: J. R. B. 1/23/08  
DATE: 1/23/08

SUBDIVISION NAME AND STREET NAMES HAVE BEEN REVIEWED AND APPROVED BY N.C.S. DEPARTMENT OF TRANSPORTATION  
DATE: 1/23/08

DONALD ANDREWS, EDGAR BAIN &  
McDUFFIE JOHNSON  
DB 1358, PG 327  
PLAT CAB.F, SLIDE 638-C

10.01 AC. TOTAL

NOTE: ALL CORNERS ARE NEW IRON STAKES UNLESS OTHERWISE NOTED

OWNER/DEVELOPER: JOHNNY FAIRCLOTH  
5272 COOL SPRINGS RD.  
BROADWAY, NC 27505  
919-777-8199

FOR REGISTRATION REGISTER OF DEEDS  
COUNTY: HARNETT  
2008 JAN 23 11:11 AM  
INSTRUMENT # 200801172

SURVEY FOR:  
JOHNNY FAIRCLOTH S/D

BENNETT SURVEYS, INC.  
1662 CLARK RD., LILLINGTON, N.C. 27546  
(910) 893-5252

TOWNSHIP	UPPER LITTLE RIVER	COUNTY	HARNETT	50	0	100	SURVEYED BY: JRM	FIELD BOOK DC # 2
STATE:	NORTH CAROLINA	DATE:	JANUARY 22, 2002	SCALE:	1" = 100'		DRAWN BY: RVB	DRAWING NO.
ZONE	RA-30	TAX PARCEL	IDB: OUT OF 13-9692-0014-03	CHECKED & CLOSURE BY:	MWB			01353

Map # 2002-111

**MAPLES SPETIC TANK SERVICE, INC.**

80 Thomas Kelly Road

Sanford, NC 27330

919-258-3750 phone 919-258-3914 fax

Inspection Certification # 24751

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 120 Highland Ln

Current owner of Record \_\_\_\_\_

Inspection requested by: \_\_\_\_\_ Owner of record

☒ Other Name Tim Smith  
Company Century 21  
Phone 919-770-7759

Date of Inspection: 11/20/15

Copy of Operations permit from Harnett County Environmental Health Attached.

Operations permit not available

Type of water supply \_\_\_\_\_ Well ☒ Public Water \_\_\_\_\_ Community Water

Location of Septic Tank and septic tank details:

15' ft from house or structure

\_\_\_\_\_ ft from well if applicable.

60' ft from water line if applicable

80' ft from property line

8" approximate distance from surface to top of tank

Access riser(s) ☒ yes ☒ no Describe:

Tank lids intact ☒ yes ☒ no

Tank has baffle wall ☒ yes ☒ no

☒ Inflow to tank is noted as sufficient

\_\_\_\_\_ Inflow to tank is noted as insufficient or blocked

Outlet has filter ☒ yes ☒ no ☒ unknown

Outlet T is present ☒ yes ☒ no

Effluent leaves the outlet ☒ yes ☒ no ☒ unknown

Roots present in tank ☒ yes ☒ no

Evidence of infiltration into tank of surface water ☒ yes ☒ no

☒ Evidence of tank leakage noted

\_\_\_\_\_ Unable to locate tank. System inspection cannot be completed until tank is located

Garbage Disposal ☒ yes ☒ no ☒ unknown

Number of bedrooms ☒ unknown

Date tank was last pumped 11/20/15 \_\_\_\_\_ Unknown

Percentage of sludge detected in tank 0 %

Does system have a pump tank? ☐ yes (complete blanks below) ☒ no  
☐ ft from house or structure  
☐ ft from well if applicable  
☐ ft from water line if applicable  
☐ ft from property line  
☐ Approximate distance from surface to top of tank  
☐ Access risers in place ☐ yes ☐ no  
☐ feet from septic tank  
Location of control panel:  
☐ Electrical connections are in place and properly grounded  
☐ Alarm is working properly  
☐ Pump is working properly  
☐ Dosing volume correct  
☐ Unable to operate pump/alarm due to lack of electricity at site at time of inspection.

System requires a subsurface operator ☐ yes ☒ no  
If yes, Operator Name \_\_\_\_\_ Phone \_\_\_\_\_  
Copy of most recent operator report attached

## Drain field:

Located 28' ft from property line  
20' ft from septic/pump tank  
1 # of lines located  
410 ft length of system

Type of system: ☐ Conventional ☐ Innovative ☐ Experimental ☐ Controlled Demo. ☒ Other  
☐ no Pretreatment: Type of Pretreatment \_\_\_\_\_

Brief Description of System Type: Quick 4

yes Evidence of past or current surfacing at time of inspection  
If yes, briefly describe:

no Large trees or other vegetation noted over drain field area.  
If yes, briefly describe:

yes Evidence of traffic over drain field  
If yes, briefly describe:

Other pertinent facts noted during inspection: Water test was done on system water came back from lines, looks like someone has driven over lines need to contact Harriet Health Dept

Inspector Name: **Maples Septic Tank Service, Inc./ Terry R. Maples** Certification #: 24751

Address: 80 Thomas Kelly Road, Sanford, NC 27330 Phone: 919-258-3750 office 919-356-5785 cell

Inspector Signature: Terry R. Maples

Date 11/20/15

20632

### Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ Expansion

PROPERTY LOCATION: 1670

Name: (owner) Douglas Ayers

System Installer: Terry Maples

SUBDIVISION Johnny Faircloth

LOT # 3

Registration #

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms

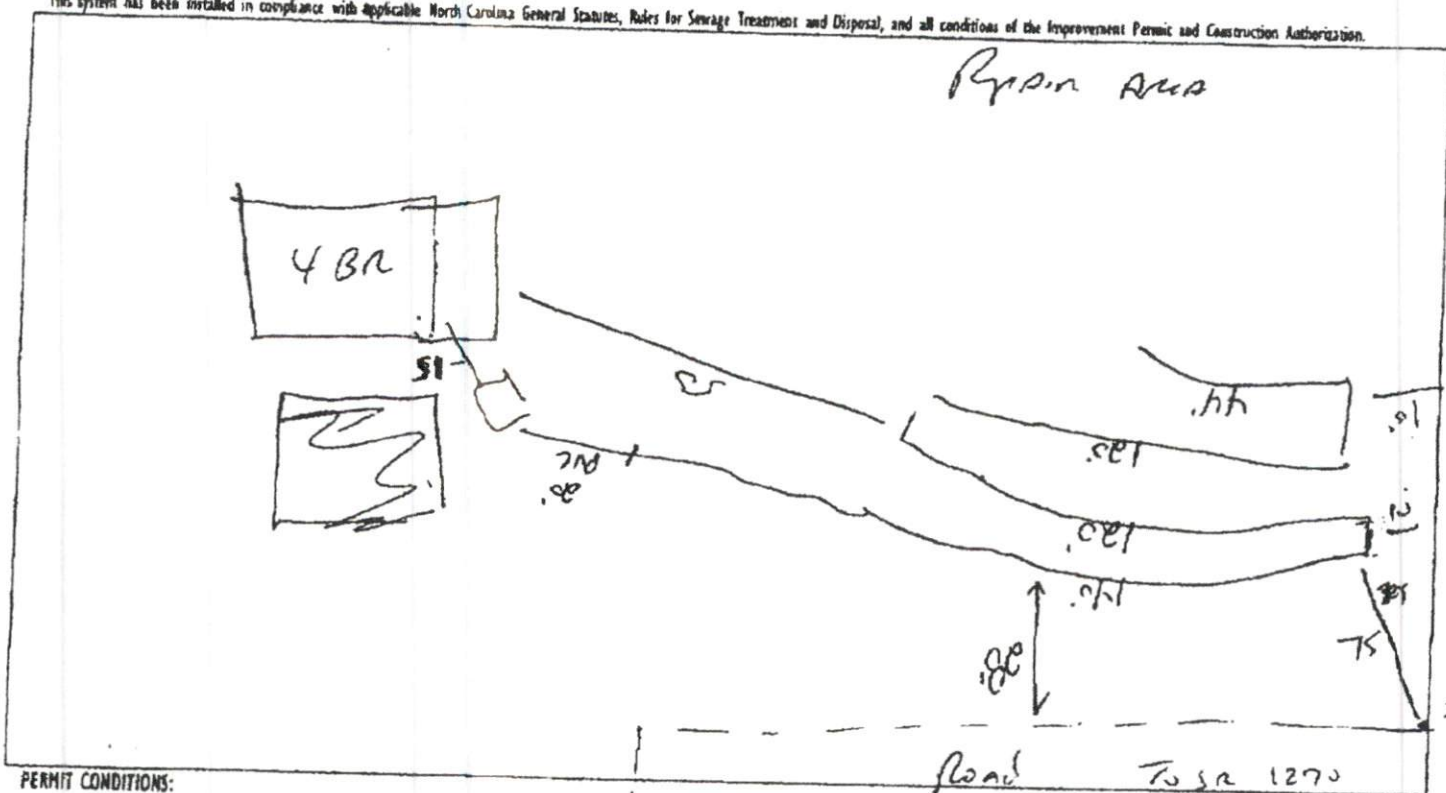
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 150 feet

System Type: Quick 4

Types V and VI Systems expire in 5 years.

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



**PERMIT CONDITIONS:**

1. Performance: System shall perform in accordance with Rule .1961.

11. Monitoring: As required by Rule .1961.

- 4H. Maintenance: As required by Rule .1961. Other

Subsurface system operator required? Yes ☐ No ☐

- #### IV. Operations

- Y. Other:

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

Type of system: ☐ Conventional

☒ Other

exact length

of each ditch 410 feet

Septic Tank: 1000

galtons Pump Tank:

\_\_\_\_\_ gallons

### Subsurface

No. 01

### Drainage Field

**disches**

**French Drain Required:**

Linear fee

Authorized State Agent

Date 02.17.09