

Initial Application Date: 10/19/2017

Application # 1750042590

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Clayton Homes C/H Homes Tax Mailing Address: 1312 Fayetteville Rd
City: Raleigh State: NC Zip: 27603 Contact No: MAXWARD WILKINS Email: 1781@claytonhomes.com

APPLICANT: MAXWARD WILKINS Mailing Address: SAME AS ABOVE
City: SAME AS ABOVE State: _____ Zip: _____ Contact No: 919-422-6668 Email: 1781@claytonhomes.com
*Please fill out applicant information if different than landowner
919-772-5013

CONTACT NAME APPLYING IN OFFICE: MAXWARD WILKINS Phone # 919-422-6668

PROPERTY LOCATION: Subdivision: Lake Pointe Drive Lot # 34 Lot Size: .66 acres
State Road # _____ State Road Name: Lake Pointe Drive Deed Book & Page: 2716 242

Parcel: PTD # 080655 0259 34 PIN: 0655-06-3476.00

Zoning: R30 Flood Zone: X Watershed: IV Deed Book & Page: 2716-242 Power Company: Progress

*New structures with Progress Energy as service provider need to supply premise number NA from Progress Energy.

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size 28 x 56) # Bedrooms 3 # Baths 2 Basement (w/wo bath) NA Garage: NA Site Built Deck: NA On Frame _____ Off Frame X
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes no

Does the property contain any easements whether underground or overhead () yes no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 0 Other (specify): 0

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>88.50</u>
Rear		<u>35</u>		<u>103.94</u>
Closest Side		<u>35 10'</u>		<u>33'</u>
Sidestreet/corner lot		<u>NA</u>		<u>NA</u>
Nearest Building on same lot		<u>0</u>		<u>0</u>

Comments: Proposed

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 North left on Piney Grove
Rocks Rd Left

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 foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

James Clayton
Signature of Owner or Owner's Agent JAMES

10/16/17
Date

It is the owner/applicants 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.

This application expires 6 months from the initial date if permits have not been issued

401 North (L) on Piney Grove Rocks Rd LEFT on to
Lake Pointe DR Right on Lake View DR.

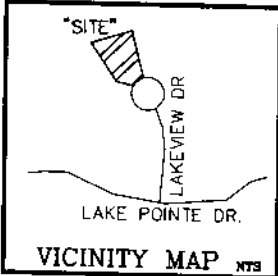
SUMMER

I, TED S. HOPKINS CERTIFY THAT THIS MAP IS A TRUE REPRESENTATION OF ALL THE PROPERTY DESCRIBED IN DEED BOOK 2716 PAGE 242 AND SHOWN AS ALL OF LOT 34 PLAT BOOK C PAGE 155B HARNETT, COUNTY REGISTER OF DEEDS. AND THAT ENCROACHMENTS, IF ANY AT THE TIME OF THE SURVEY ARE SHOWN.

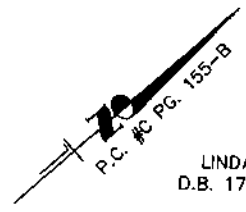
- * LEGEND
- ISS • IRON STAKE SET
- EIP • EXISTING IRON PIPE
- NLS ▲ NAIL SET
- PP ○ POWER POLE
- PED ■ PHONE PEDISTAL
- WM Ⓞ WATER METER
- R/W RIGHT OF WAY
- OHE OVERHEAD ELECTRIC
- WOOD LINE
- CP Ⓞ COMPUTED POINT

FILE: 141294.DWG

Civiltek East
 Surveying Planning Subdivision Design
 402 EAST NASH STREET
 SPRING HOPE, N.C. 27882 (252) 478-5005
 E-Mail: Chiltek@civiltek.com

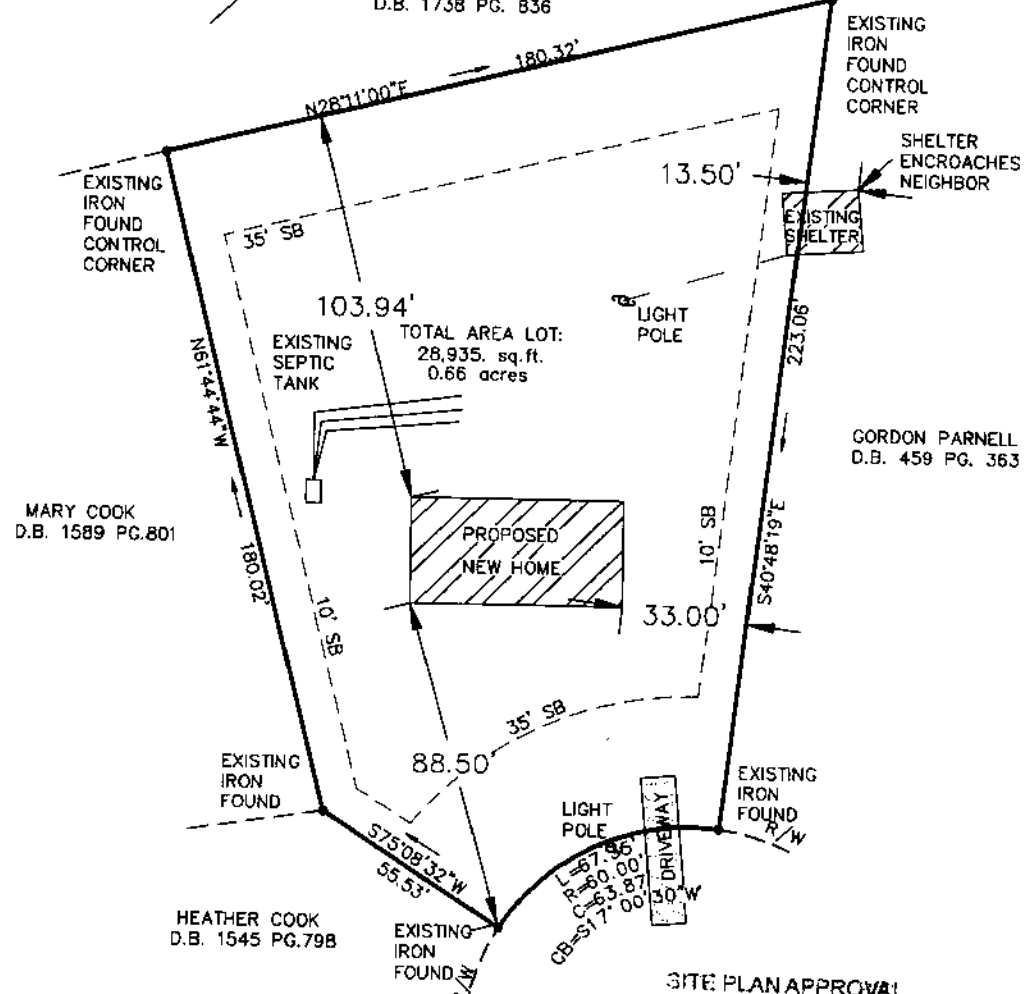


TED S. HOPKINS, PROFESSIONAL LAND SURVEYOR L-3476
 PHYSICAL ADDRESS:
 89 LAKEVIEW DR.
 FUQUAY VARINA, NC 27526
 ZONING:
 RA30
 FRONT 35'
 SIDE 10'
 REAR 25'
 SETBACKS
 CURRENT OWNER:
 MELBA GEORGE TRUSTEE
 D.B. 2716 PG. 242



LINDA CLAY
 D.B. 1738 PG. 836

AREA COMPUTED BY COORDINATE METHOD
 ALL DISTANCES SHOWN ARE HORIZONTAL
 NO NCGS MONUMENTS FOUND WITHIN 2000'



Pin # 0655-06-3476.00
 PID # 080655 0059 34

SITE PLAN APPROVAL
 LAKEVIEW DISTRICT RA30 USE *Neoclassical*
 (60' PUBLIC R/W)
 #BEDROOMS: 3
 10.19.17 *cydmsm*
 TOWNSHIP ADMINISTRATOR

PROPOSED SITE PLAN
 FOR
 89 LAKEVIEW DR.
 FUQUAY VARINA, NC 27526
 HECTOR S. CREEK TOWNSHIP
 Harnett County, North Carolina
 Map Recorded In Plat Book C At Page 155-B

Lot 34
 Lake Point Subdivision



NAME: Clayton Horne

APPLICATION #: 42590

* This application to be filled out when applying for a septic system inspection.*

County 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 IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # 024474
10.19.17

Environmental Health New Septic System Code 800

All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.

Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.

Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.

If property is thickly wooded, Environmental Health requires that you 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.

All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.

Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

✓ Environmental Health Existing Tank Inspections Code 800

Follow above instructions for placing flags and card on property.

Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)

DO NOT LEAVE LIDS OFF OF SEPTIC TANK

After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.

Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

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. _____
 - 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 Right of Ways 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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/19/2017
DATE

North Carolina On-site Wastewater Contractor Inspector Certification Board
Pre-inspection Contract

Client Name: CMH Homes, Inc. for customer Charlie Sumner and Ashley Green

Client Address: 3912 Fayetteville Road Raleigh, NC 27603

Client Phone: 919-772-5013

Property Address: 89 Lakeview Dr., Fuquay-Varina, NC 2526

Client is: ___ Owner of Record ___ Realtor ___ Lender ___ X Buyer ___ Seller
Other (Describe)

Certified Inspector Name: JACK B. DURHAM, JR.

Company Name: SEPTIC SYSTEM SOLUTIONS, INC.

Company Address: 2021 Sandy Plains Rd.
Wake Forest NC 27587

Inspector Certification Number: 2462 I Inspector Phone: 919-451-5377

Certification Expires: December 31, 20 17

The on-site wastewater system inspection, hereinafter referred to as Inspection, shall be performed in accordance with the Standards of Practice of the North Carolina On-site Wastewater Contractors and Inspectors Certification Board. Minimum Inspection Requirements can be viewed at www.ncowcib.info

Services provided shall include: X Inspection meeting minimum requirements
___ Pumping of Tank
___ Other (Describe) _____

Cost of Services to be provided: \$ 300.00

Inspector is not required to report on:

- 1) Life expectancy of any component or system
- 2) The causes of the need for a repair
- 3) The methods, materials and costs of corrections
- 4) The suitability of the property for any specialized use
- 5) The market value of the property or its marketability
- 6) The advisability or inadvisability of purchase of the property
- 7) Normal wear and tear to the system

Inspector is not required to:

- 1) Identify property lines
- 2) Offer warranties or guarantees of any kind

Does system have pump tank? no yes (complete blanks below) no

ft from house or structure

ft from well or spring if applicable

ft from water line if applicable

ft. from property line if property lines are known or marked

Distance from finished grade to top of tank or access riser

Access risers in place yes no

ft from septic tank

Access risers in place Describe type: _____

Describe condition of tank lids _____

Location of control panel: _____

Electrical connections are in place and properly grounded

Audible and visible alarms (as applicable) work

Pump turns on and effluent is delivered to next component

Unable to operate pump due to lack of electricity at site at time of inspection

N/A

Dispersal field: Type of system: Conventional Accepted Innovative Experimental Controlled
Demonstration Pretreatment; Type of pretreatment _____

Brief Description of System Type TYPE II A

UNK ft. from property line if property lines are known or marked Property line not marked

10 ft from septic/pump tank

2 # of lines

100+ length of lines

NONE Evidence of past or current surfacing at time of inspection

Briefly describe:

NONE Evidence of traffic over the dispersal field

YES Vegetation, grading and drainage noted that may affect the condition of the system or system components Large pine tree beside septic tank.

YES Effluent is reaching the dispersal field

NO Conditions present that prevented or hindered the inspection

NO Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Roots were present over septic tank due to close proximity of large pine tree.

Septic tank needs to be pumped due to sludge level.

Inlet hole of septic tank needs to be sealed to prevent root intrusion

Inspector Name: Jack B. Durham, Jr.

Certification # 24621

Address 2021 Sandy Plains Rd., Wake Forest, NC 27587

Phone 919-451-5377

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.

Inspector Signature: Jack B. Durham, Jr.

Date 7/12/2017

On-site Wastewater Inspection

Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address: 89 Lakeview Dr., Fuquay-Varina, NC 27526

Client Name: Clayton Homca - David Ritchie

Current owner of Record: Charlie Sumner & Ashley Green

Date of Inspection: 4-12-17

3BR Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

360 Gallons per day for designed system size or number of bedrooms as stated in available local health department information

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

Copy of Operations permit from _____ County Environmental Health Attached

Operations permit not available

NO System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are attached not available

Type of water supply Well Public Water Community Water Spring

Location of Septic Tank and septic tank details:

10 ft from house or structure

NA ft from well if applicable

NA ft from water line if applicable

UNK ft. from property line if said property lines are known or marked Property Line not marked

6' distance from finished grade to top of tank or access riser

NO Access riser(s) yes/no Describe _____

YES Tank lids intact yes/no

YES Tank has baffle wall yes/no Describe condition of baffle wall: Concrete - intact

NO Inflow to tank is noted as sufficient

NO Inflow to tank is noted as insufficient or blocked

YES Water level in tank is relative to tank outlet

YES Outlet T is present yes/no Describe condition of Outlet T: Concrete - fair

NO Outlet has filter yes/no Describe condition of filter: _____

YES Effluent leaves the outlet yes/no

YES Roots present in tank yes/no Describe extent of roots: intrusion at inlet hole

NONE Evidence of tank leakage Describe: _____

NONE Evidence of non-permitted connections, such as downspouts or sump pumps

NO Connection present from house to tank

YES Connection present from tank to next component

60% Percentage of solids in tank

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

Date tank was last pumped needs pumping out unknown

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Client not on site.