

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 RUSSEL HARRISON EMAIL ADDRESS: _____
PHONE NUMBER _____
PHYSICAL ADDRESS 229 CURRAGH COVE
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

SUBDIVISION NAME MAGNOLIA CREST LOT #/TRACT # 7 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

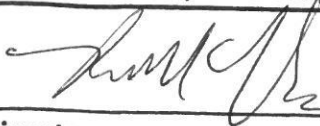
Directions from Lillington to your site: 401 N. RIGHT ON RAWLS CLUB RD
LEFT ON CURRAGH COVE

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

2-22-16
Date

HTE# 07-5-17305

Harnett County Department of Public Health 19370

PERMIT # 23493

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Roads Club

Name: (owner) C & C Properties SUBDIVISION Magnolia Crest LOT # 7

System Installer: Jaron Matthews Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

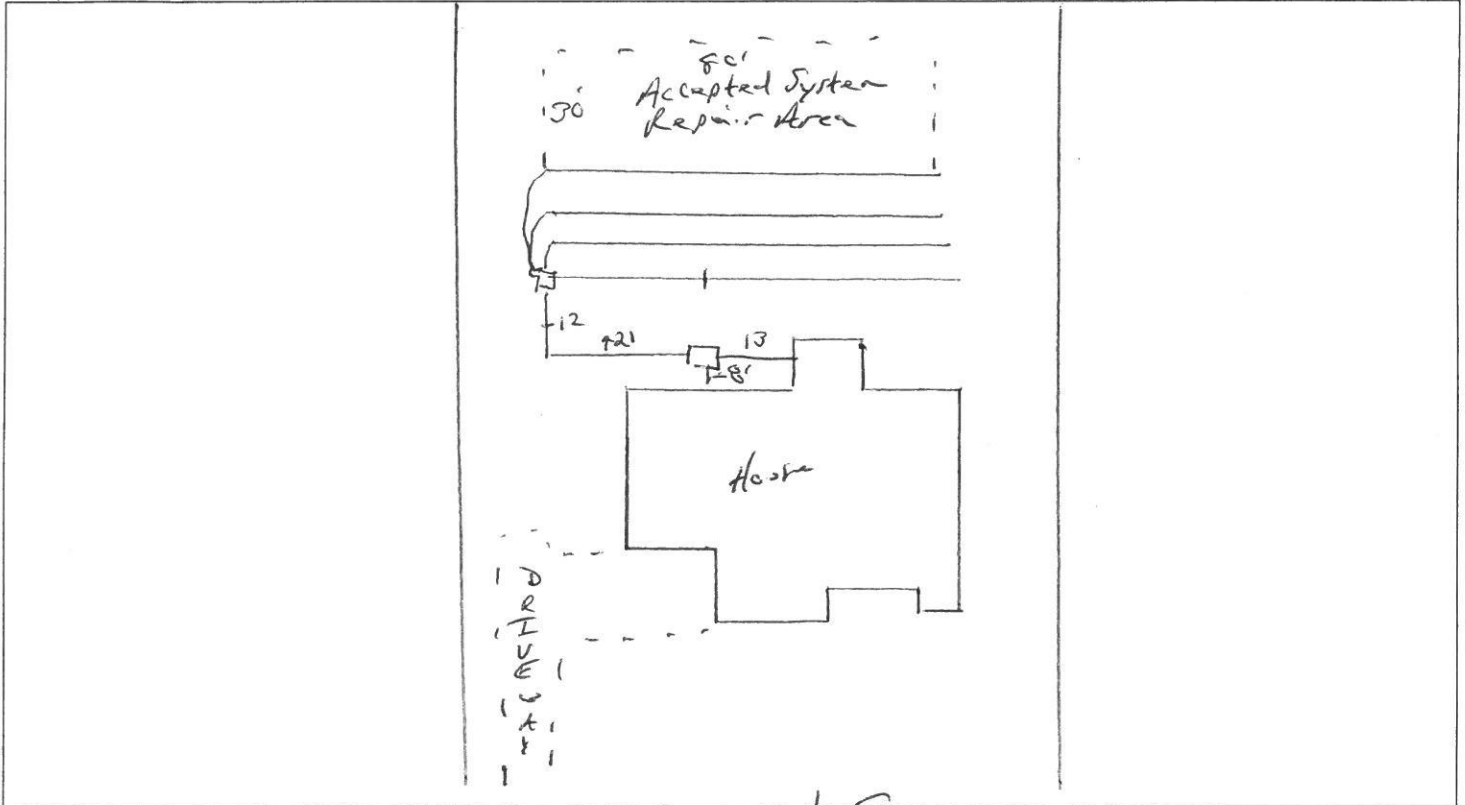
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: III G Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

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:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

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

Type of system: Conventional Other E2Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 4 of each ditch 75 feet ditches 3 feet ditches 18-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Ben M. Lewis, R.S. Date 8/24/2007

COMMENTS:

When setting new tank careful attention ^{needs to} be paid
to the existing supply line so that + the existing
drain field are not damaged