#### HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD.

LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

{ find map; layout >

**Application for Repair** 

		Callpria	tem-0@ hotma: 1.com
		EMAIL ADDRESS:	tem-o@hotmail.com
NAME Adam Kourelin	>	PHONE NUMBER	(0) 987-6179
PHYSICAL ADDRESS 758	Omaha Dr., B	rosduny 27505	· (Tingen Pointe)
MAILING ADDRESS (IF DIFFFERENT T	HAN PHYSICAL)	/	U
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME		*
SUBDIVISION NAME	87	27	
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home [	] Stick built [ ] Other	
Number of bedrooms 3	Basement		.:
Garage: Yes No []	Dishwasher: Yes ()	No []	Garbage Disposal: Yes [] No
Water Supply: [] Private Well	[ ] Community System	n M.County	
Down Onaha D	: Won WCT	It, on L	2/2 miles
Down Onaha Dr	2nd to	last house	on(R).
In order for Environmental Health in 1. A "surveyed and recorded ma	to help you with your rep	pair, you will need to comple	y by completing the following: application. Please inform us of any
<ol><li>The outlet end of the tank and uncovered, property lines flagg</li></ol>	the distribution box will ne ged, underground utilities m	ed to be uncovered and prope	erty lines flagged. After the tank is seen placed, you will need to call
us at 910-893-7547 to confirm our system must be repaired within 3 etter. (Whichever is applicable )			
etter. (Whichever is applicable.)	o days or issuance of the in	iprovement Permit or the tim	e 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 correction if the	ect to the best of my knowled site plan, intended use, or ow	ge. False information will result in
011/1/			
		0-	

Signature

### 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.

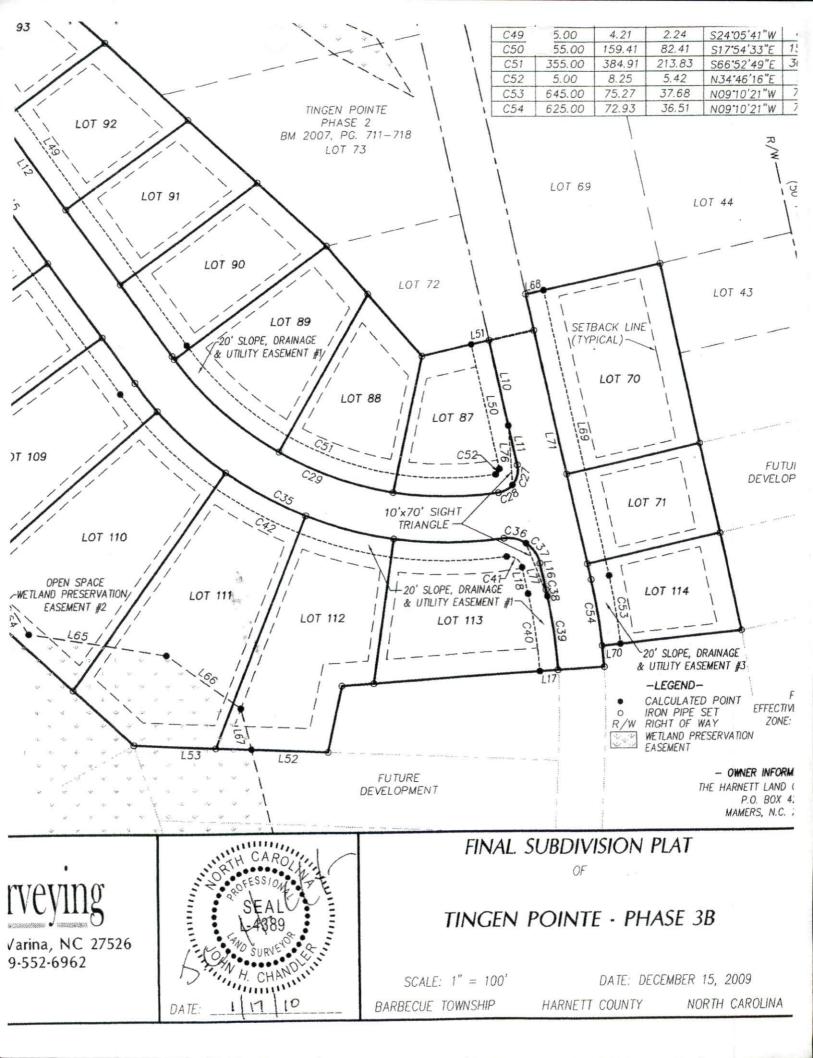
Have you received a violation letter for a failing system from our office? [] YES NO Also, within the last 5 years have you completed an application for repair for this site? [] YES NO
Year home was built (or year of septic tank installation)
1. Number of people who live in house?# adults# children# 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 Roundless
<ul> <li>3. If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly</li> <li>4. When was the septic tank last pumped?  How often do you have it pumped?</li> <li>5. If you have a dishwasher, how often do you use it? [ ] daily [ ] every other day  weekly</li> <li>6. If you have a washing machine, how often do you use it? [ ] daily every other day [ ] weekly [ ] monthly</li> <li>7. Do you have a water softener or treatment system? [ ] YES NO Where does it drain?</li> </ul>
<ul> <li>8. Do you use an "in tank" toilet bowl sanitizer? [] YES NO</li> <li>9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES NO If yes please list</li> <li>10. Do you put household cleaning chemicals down the drain? [] YES NO If so, what kind?</li> </ul>
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [ ] YES NO 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 yes, feech field referred.  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?  Beding up before young to leach field
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

HTE#10-5-23754RQ

## Harnett County Department of Public Health

21497

PERMIT # 26046	Operation Permit	
	🛛 New Installation 🗷 Septic Tank 🗆 Repair 🔀	Nitrification Line  Fynancios
	PROPERTY LOCATION: HWY27W	contained and a copanision
Name: (owner) American Homeson	MH SUBDIVISION TINGEN POINTE	LOT # 87
System Installer: RICKY HOLLAND	Registration #	LOT III
Basement with plumbing:  Garage Mumber of B	edrooms 3	
Type of Water Supply: Community Public System Type:	reet reet	
(In accordance with Table V a)	Types V and VI Systems expire in 5 years.	raco vo s
,	Owner must contact Health Department 6 months prior to expiration	
This system has been installed in compliance with applicable North Carolina	seneral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Pe	ermit and Construction Authorization
OUEMING	HOUSE DRIVE	
	COLO CI	
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? Ye		
If yes, see attached sheet for additional	operation conditions, maintenance and reporting.	
IV. Operation:	operation conditions, maintenance and reporting.	
V. Other:		
Following are the specifications for the sewage disposal system o	the shows continued account	
Type of system:   Conventional   Other   Conventional	Den (Main)	
Subsurface No. of exac	length gallons Fu	ump Tank: gallons depth of
Drainage Field ditches 1 of ea	15:1 000	ditches 12 inches
French Drain Required: Emeas feet	CONTRACTOR OF THE PROPERTY OF	IIICIES
Authorized State Agent	REHS Date clashe	
6	Date 6 21 10	



From: ENVIRONMENTAL HEALTH	910 893 9371	09/09/2011	09:47	#719 P.001/002	
HTE10-5- 23754RR N+# 26046	Danage du Rickly Hol ARNETT COUNTY HE ENVIRONMENTAL E 307 W. CORNELIUS LILLINGTON 910-893-7547 910-893-93	ALTH DEPARTM HEALTH SECTIO HARNETT BLVI , NC 27546 7 PHONE	IENT N ).	ng peu nit# 21497	7
Adam Knurelis	Application	for Repair			
Adam Kourelis	-> purur	,		0	-
NAME KINGSHITTEN	l	EMAIL ADDRESS:	icky ho	) lland @ enburg 39-8929	mul.com
BUNGETT COMPANY		_PHONE NUMBER	719-6	39-8429	
PHYSICAL ADDRESS					
MAILING ADDRESS (IF DIFFFERENT TH					
IF RENTING, LEASING, ETC., LIST PROP	ERTY OWNER NAME				U 
lingen Point	87	758 Ome	ha Dr.		
SUBDIVISIÓN NAME	LOT #/TRACT#	STATE RD/HWY		SIZE OF LOT/TRACT	
Type of Dwelling: [] Modular [	1 Mobile Home Stick	bulk [] Other	6-21-	2010 operation	44. *.
Number of bedrooms	Basement	[ ] Other	o ur	2010 operano	perm, t
Garage: Yes[]No[]	Dishwasher Von Main Fa			_	
Water Supply: [] Private Well	Dishwasher: Yes No []	V	Garbage [	Disposal: Yes [] No	
	[] Community System	County //			
Directions from Ullington to your site: _	215 miles u		427		
IP A I A	919-280-3028			-	
PANELS Duraged.	Wady Wadward	onsite 7	0.16	01,212	
Request MTX. 9-13.	- /)		0	1.	
In order for Environmental Health to  1. A "surveyed and recorded map" wells on the property by showing	help you with your repair, you and "deed to your property"	ou will need to comp	ly by comple	eting the following:	
Wells on the property by chawles	The second secon	sing of partiacise so this	application.	Please Inform us of any	
2. The outlet end of the tank and the uncovered, property lines flagged us at 910-893-7547 to confirm the	e distribution box will need to b	e uncovered and prope	arty lines flag	ged. After the tank is	
US AL 910-893-7547 to confirm al		and the or stife 218U US	is been blace	d. Vou will need to call	•
Your system must be repaired within 90 cletter. (Whichever is applicable.)	lays of Issuance of the Improve	ment Permit or the tim	e set within	receipt of a violation	
By signing below, I cartify that all of the a the denial of the permit. The permit is sub	bove information is correct to	ha hast of much			
the denial of the permit. The permit is sub	ject to revocation if the site pi	an, intended use, or ow	ge. False Info mership char	ermation will result in ages.	****
M. G. Mann	•				
Signature / Jack		3-9-11		9/9/11 .	
G14 - 120 - C12		Date		C	
919-639-8929			0.	C-1	

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

Sheet: Property ID: Lot #: File #: Code:

### SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Available Space (.1945)

System Type(s)
Site LTAR

Location Water S Evaluat	: d Facility: n of Site:		Da De		:	Pit Cut						
P R O F I	.1940			MORPHOLOGY		OTHER PROFILE FAC		_				
L E #	Landscape Position/ Slope %	Horizon Depth (In.)	.1941 Structure Texture	.1941 Consistence Mineralog		.1943 Soil Depth (IN.	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR			
										_		
			SE	- CO1	NMENT	SHEET						
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Description	1	Init Sys	ial R	Repair System	Other Factors (.1 Site Classification (.	946): 1948):						

Evaluated By:

Others Present:

COMMENTS: \_\_\_\_

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET			
R-RIDGE S-SHOULDER SLOPE L-LINEAR SLOPE	I	S-SAND LS-LOAMY SAND	1.2 - 0.8	VFR-VERY FRIABLE FR-FRIABLE	NS-NON-STICKY			
FS-FOOT SLOPE N-NOSE SLOPE H-HEAD SLOPE	II	SL-SANDY LOAM L-LOAM	0.8 - 0.6	FI-FIRM VFI-VERY FIRM	SS-SLIGHTY STICKY S-STICKY VS-VERY STICKY			
CC-CONCLAVE SLOPE CV-CONVEX SLOPE T-TERRACE FP-FLOOD PLAN	Ш	SI-SILT SIL-SILT LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6 - 0.3	EFI-EXTREMELY FIRM	NP-NON-PLASTIC SP-SLIGHTLY STICKY P-PLASTIC VP-VERY PLASTIC			

0.4 - 0.1

STRUCTURE SG-SINGLE GRAIN M- MASSIVE CR-CRUMB GR-GRANULAR SBK-SUBANGULAR BLOCKY ABK-ANGULAR BLOCKY PL-PLATY PR-PRISMATIC

MINERALOGY SLIGHTLY EXPANSIVE

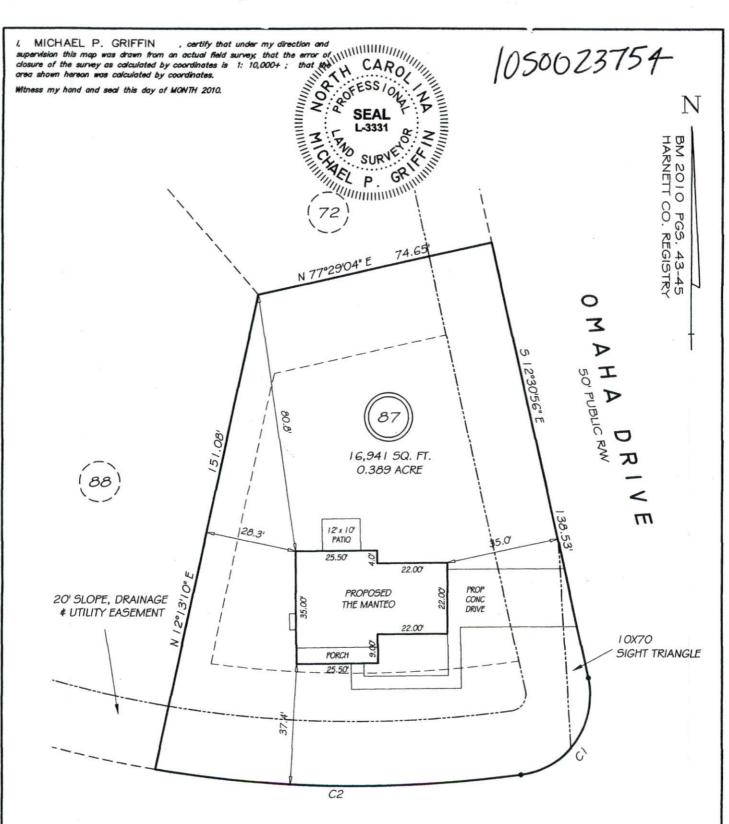
SIC-SILTY CLAY

EXPANSIVE

C-CLAY SC-SANDY CLAY

IV

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GOLD COURT

SETBACKS

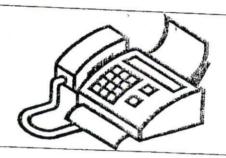
FRONT 35 REAR 25 SIDE 10 CORNER SIDE 20

REVISION: MANTEO 5/12/10 REVISION: SPIRIT 5/3/10 REVISION: MANTEO 4/23/10

CI R=25.00' L=41.27' 534°46'16"W 36.74'

910 893 9371 09/09/2011 09:54 #720 P.001/001

HIE#16-5-23754RQ Harnett County Department of Public Health 21497
PENHIT # 2604G  Operation Permit  New Installation → Septic Tank □ Repair  Nitrification Line □ Expansion PROPERTY LOCATION: Hwy27w
Tank (mana)
C-1-1-1 0 1
Basement with plumbing: Garage & Neumber of Bedrooms 3
Type of Water Supply: Community D Public Well Distance from well 100 feet
System Type: Times W and W Suppose amin in S
(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 Screene, Rules for Sevage Treatment and Disposal, and all conditions of the Improvement Pursuit and Construction Archimisation.
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6010 CL
PEANIT CONDITIONS;
l. Performance: System shall perform in accordance with Rule ,1961.
II. Honitaring: As required by Rule . 1961.
III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required! Tes 🗆 No 🔀
H yes, see attached sheet for additional operation conditions, maintenance and reporting.
V. Operation:
. Other:
all regions are the specification for the state of
ollowing are the specifications for the sewage disposal system on the above captioned property.  The of system:   Conventional   Other Convents (200)  September 1000  Septemb
uburface Na al gallons
rainage Field Gluther
rench Orain Required:
WI VILLEY
uthorized State Agence I'M MMM REAS
uthorized State Agent Old Mary 1911 EEHS Date 6 31 10



To: Ouver

Fax number:

Date: 5/12/10

A facsimile from

SOUTHEASTERN SOIL & ENVIRONMENTAL

Mike Eaker 910-822-4540

Regarding: Tingen 14 87

Comments:

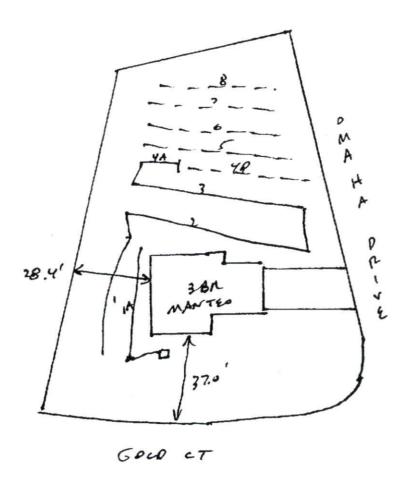
As we dirented!

Thanks

. SEE PROPOSAL FOR TYPICAR SOIL PROFILE

# Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321
Fayetteville, NC 28311
Phone/Fax (910) 822-4540
Email mike@southeastemsoil.com



Tingen Pt Lot 87 Proposal Sytic

Persed, 5/11/10

SOUTHEASTEN SOIL & ENVIRONMENTAL ASSOC, INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVIS	SION Tingen Pt		LOT 82
		SYSTEM 3' INFILT	4101	REPAIR 3 FARLTRATE
	DISTRIBU	ITION SEMAN		DISTRIBUTION SEMAL
	BENCHM	ARK /00.0		LOCATION Front come
	NO. BEDE	ROOMS 3	- pr	reposed LTAR = 0.35 9A
	LINE	FLAG COLOR	ELEVATION	ACTUAL LENGTH
	_ IA	P	109,50	55'
	)	8	109.15	rr'
	5-2	W	128.84	75'
- teal	) _ 3	0	108.42	70
V1 ,	C YA	8	108.00	25'
system				2.80
	48	З	108.00	'45'
		· Y	107.42	6.'
	. 6	0	106.92	57'
	_2	<u> </u>	104.4L	50'
	3	<u> </u>	105.92	45'
				257'
	BY /	n EAVER	DATE	05/11/10
L		,	; /	- 10.046

\* Install at grade (12")
with 6" cover ADDED

Typene Morte

0-12 45 (VFr, wr-)

12-30 500 (F:, 560)

C-2, PM > 26"