

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 Chris Kennedy EMAIL ADDRESS: ChKennedy@yahoo.com
PHONE NUMBER 910 890 7054
PHYSICAL ADDRESS 258 Curragh Cove Fuquay Varina NC 27526
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

Magnolia Crest
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: W on 401, then R on Rawls Club
then L into magnolia Crest subdivision, go all
the way down, house is on R

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 Chris Kennedy Date 1/9/2019

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 [X] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] NO

Year home was built (or year of septic tank installation) 2015
Installer of system Jay Ascock
Septic Tank Pumper
Designer of System

1. Number of people who live in house? 4 # adults 1 # children 5 # 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 N/A
4. When was the septic tank last pumped? 10/2018 How often do you have it pumped? Every 3 yrs
5. If you have a dishwasher, how often do you use it? [X] daily [] every other day [] weekly
6. If you have a washing machine, how often do you use it? [] daily [] every other day [X] weekly [] monthly
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?

8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [X] NO If yes please list
10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind?

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO
12. Have you installed any water fixtures since your system has been installed? [] YES [X] 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 [X] 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 N/A
15. Are there any underground utilities on your lot? Please check all that apply: Don't know
[X] 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?
We are selling house; Buyers got AWT to look at septic; AWT says we have surfacing effluent

17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [X] YES [] NO If Yes, please list
60 inches of rain in 2018; Plus two clogging toilets; these were repaired last week; Buyers want inspector to ensure septic does not need repair, if repair is needed; please advise so I can have septic company do repairs. This is time sensitive, I can't have buyers to walk away! Thank you!

HTE# 15-5-35266

Harnett County Department of Public Health

23583

PERMIT # 28214

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 52147 RAILS CLUB RD

Name: (owner) Angel Structures Inc SUBDIVISION Magnolia Crest LOT # 15

System Installer: JAY Adcock Registration # _____

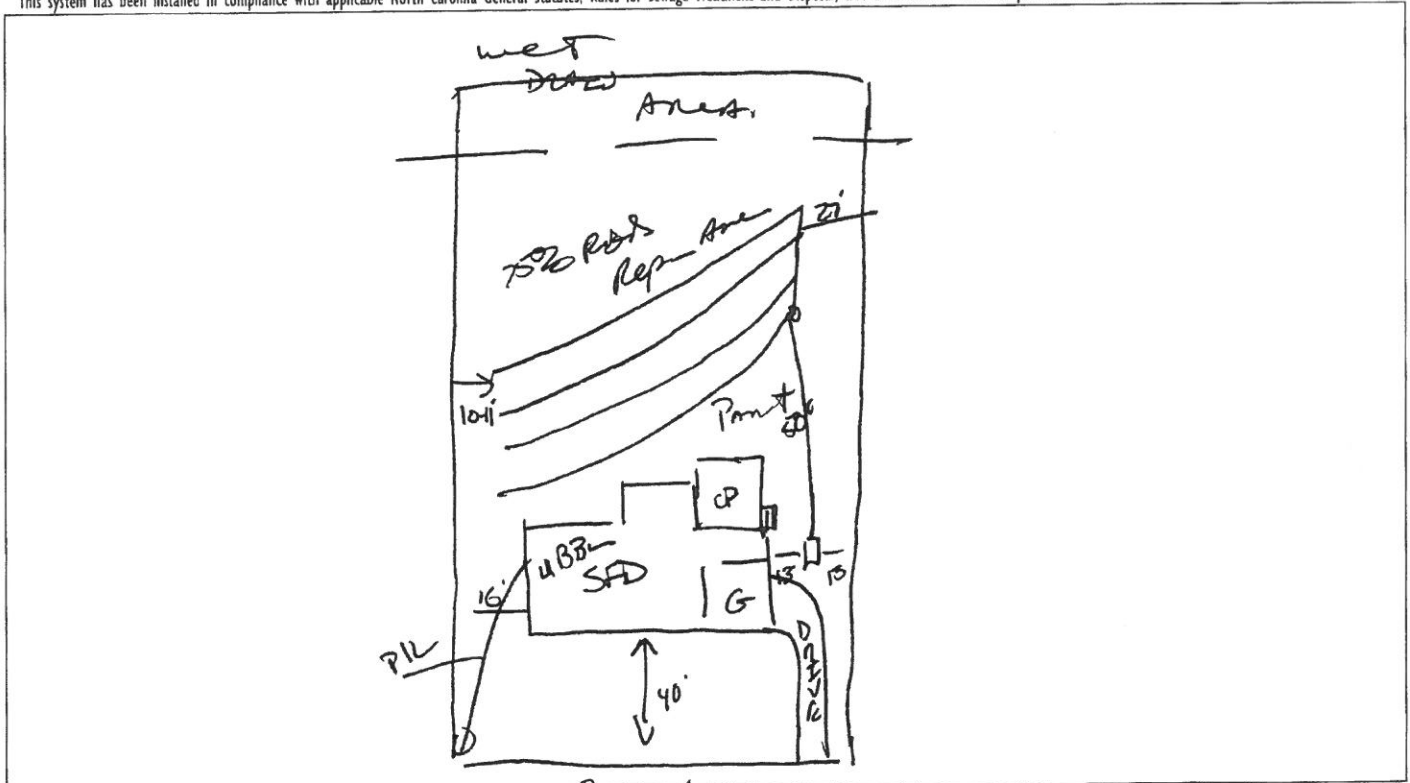
Basement with plumbing: Garage Number of Bedrooms 4

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

System Type: 75% REDUCTION system Type III E244 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: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other 75% REDUCTION SYSTEM Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 80 feet width of ditches 3 feet depth of ditches 24-31 inches

French Drain Required: _____ Linear feet

Authorized State Agent: [Signature] Date 5-8-15

HTE# 15-5-35264

Harnett County Department of Public Health

28214

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Angel Structures Inc PROPERTY LOCATION: 52147 Rawls Club Rd
 NEW REPAIR EXPANSION SUBDIVISION: Magnolia Court LOT # 15
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% Reduction
 Projected Daily Flow: 4800 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Markant Date: 1-23-15 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Angel Structures Inc PROPERTY LOCATION: 52147 Rawls Club Rd
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)
25% Reduction System (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 4
 Pump Tank Size _____ gallons Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 24-18 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +1-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: _____

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
 Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Markant Date: 1-23-15
 Construction Authorization Expiration Date: 1-23-20

HTE# 15-5-35266

Permit # 28214

Harnett County Department of Public Health Site Sketch

ISSUED TO: Angel Structures Inc PROPERTY LOCATOR: 301447 Rawls Club Rd
SUBDIVISION: Magnolia Crest LOT # 15

Authorized State Agent: James E. Manhart Date: 1-23-15

