

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 W. CORNELIUS HARNETT BLVD.
LILLINGTON, NC 27546
910-893-7547 PHONE
910-893-9371 FAX

Call when
Permit ready

Application for Repair

NAME Tracy Holder EMAIL ADDRESS: Tracyhold73@gmail.com
PHONE NUMBER 919-841-8796
PHYSICAL ADDRESS 253 Shue Rd Broadway NC 27505
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: <input type="checkbox"/> Modular <input checked="" type="checkbox"/> Mobile Home <input type="checkbox"/> Stick built <input type="checkbox"/> Other _____			
Number of bedrooms <u>3</u> <input type="checkbox"/> Basement			
Garage: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Garbage Disposal: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Water Supply: <input type="checkbox"/> Private Well <input type="checkbox"/> Community System <input checked="" type="checkbox"/> County			

Directions from Lillington to your site: _____

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.

Tracy Holder 5-16-19
Signature Date

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) _____

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 1 # 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? A week ago 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?
~~no problem~~ / Tank cracked leaking
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# 11-5-26575R

Harnett County Department of Public Health

PERMIT # 26575

Operation Permit

22005

New Installation Septic Tank Nitrification Line Repair Expansion

Name: (owner) Wanda Carey

PROPERTY LOCATION: Sho Rd.

System Installer: Mike Ray

SUBDIVISION Pauline Terryson

LOT # 1

Basement with plumbing: Garage Number of Bedrooms 3

Registration # _____

Type of Water Supply: Community Public Well Distance from well 100 feet

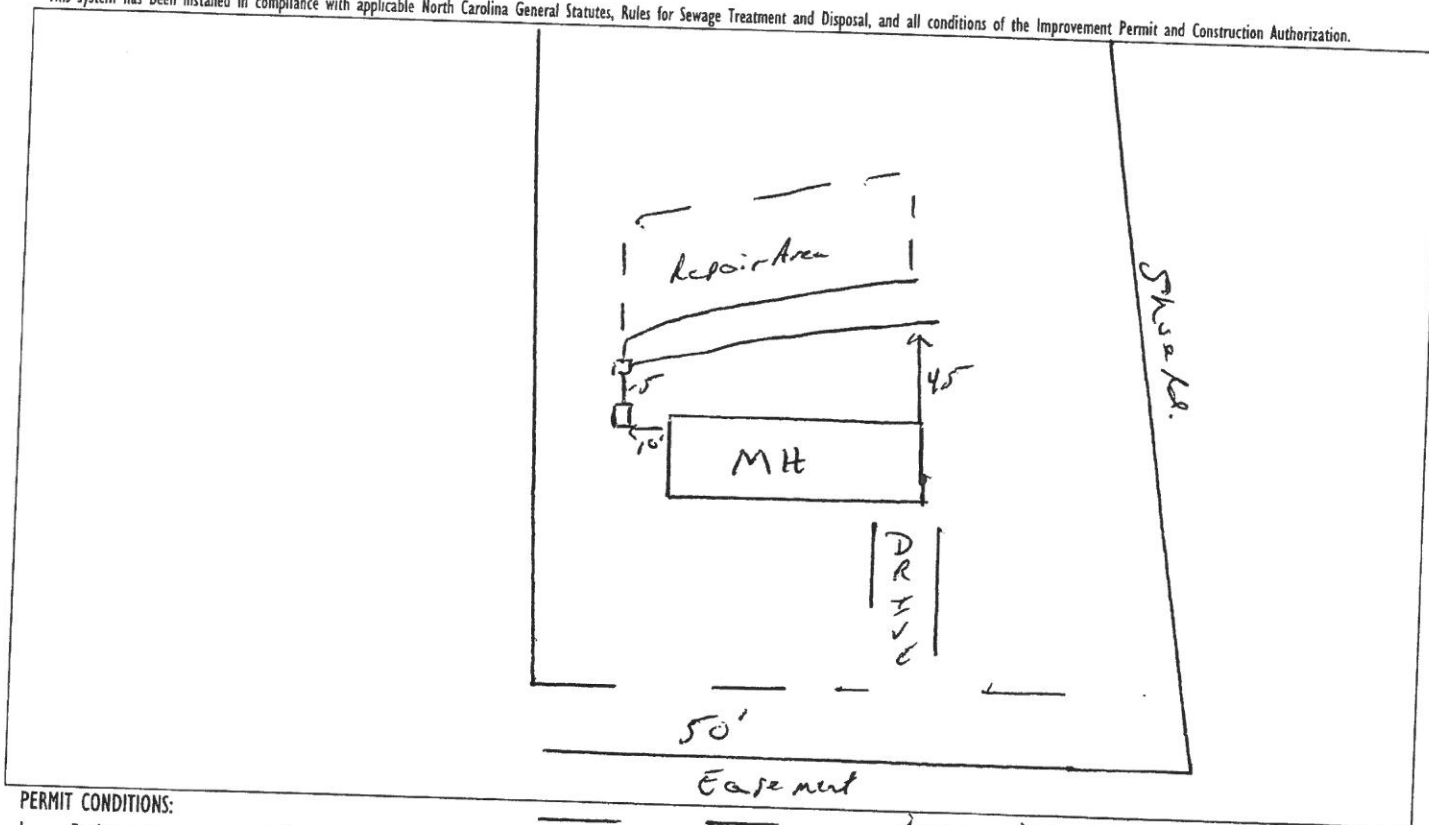
System Type: III

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 EF Flow Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 80 feet width of ditches 3 feet depth of ditches 24-36 inches

French Drain Required: _____ Linear feet

Authorized State Agent Ray McLean, REHS Date 6/30/2011



Onsite Wastewater System Inspection

Audit Title

253 Shue Rd

Conducted on

5/7/19

Location

253 Shue Rd
Broadway, NC 27505
United States
(35.45615028228529, -79.01372950470108)

Prepared by

Marlin

Completed on

5/7/19, 10:48 AM

Licensed Inspector:

Jeffrey Kerr
Marlin Wastewater Services, LLC
NC-OWCICB Level IV Installer / Inspector 192311
NCDEQ Septage Management Firm NCS-00371
info@marlinw.com
www.marlinw.com
P.O. Box 865 West End NC, 27376
(910)295-1899 / (910)673-0599

Adverse conditions present that require repair or warrant further evaluation:

1. The septic tank is cracked, leaking and in poor condition. No access risers are present on the tank and the inlet pipe is entering at a steep angle. Contact the local health department for a permit to replace the septic tank.
2. See note below regarding vegetation that may affect the condition of the system. Roots from growth are known to create issues with septic systems. If growth is removed, we recommend cutting it down at the base rather than uprooting to prevent damage to the leach field.

Other pertinent facts noted at the time of inspection:


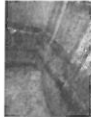

The operation permit indicates this system was designed for a 3-Bedroom/360GPD Home.


Disclaimer



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. The inspectors do not accept responsibility for any consequences arising from the use of the information herein. The report is based on matters which were observed or came to the attention of the inspectors during the day of the inspection and should not be relied upon as an exhaustive record of all possible issues that may exist or potential improvements that can be made.

Confidentiality Statement

In order to maintain the integrity and credibility of the inspection processes and to protect the parties involved, it is understood that the the inspectors will not divulge to unauthorized persons any information obtained during this inspection unless legally obligated to do so. Unless otherwise specified, Marlin will only discuss the results of this inspection with the buyer, seller and their respective representatives.

Question	Response	Details
Approximate total holding capacity:	1000 Gallon	
Date of Inspection	5/7/19	
Septic System Location		
Tank Location:	Back Left	
Approximate distance from house or other structure to septic tank (ft):	10	
Distance from swimming pool, if applicable (ft):	N/A	
Distance from well, if applicable (ft):	N/A	
Septic Tank Location		
 <p>Media 1</p>		
Distance from water lines / property lines unknown.		
Evidence of irrigation within 10 feet any system component?	No	
Evidence of traffic over the septic system:	No	
System appears to be as shown on operations permit from local Environmental Health Department.		
Septic Tank		
Single Tank or Double Tank?	Single Tank	
Approximate total holding capacity:	1,000	
Subsurface wastewater pollution control system operator required?	No	
Septic Tank is accessible.	Yes	
Percentage of solids (sludge and scum) in tank:	10	
Tank pumped at time of inspection:	Yes	
Did any water return to the tank from the next component when the tank was pumped?	No	
Tank Structure is in good condition. No strong signs of deterioration or cracks:	No	Large cracks in both side walls near the baffle on the inlet end of the tank. Dirt has been seeping in through the cracks
  <p>Media 2 Media 3</p>		
Tank component in need of repair:	Side Wall	
Access risers are present:	No	18" inlet 10" outlet
Distance from finished grade to top of tank (in):	10	

Question	Response	Details
Both access lids on tank are accessible and were opened during inspection:	Yes	
Tank lids are in tact and in good condition. No strong signs of deterioration or cracks:	Yes	
Baffle is in tact and in good condition:	Yes	
Water level in tank relative to tank outlet:	Yes	
Water level in tank is below the invert of the inlet.	Water level is over the inlet.	Inlet pipe is coming in the tank at a steep angle
Inches above invert of the inlet:	5	
Signs of root intrusion in tank:	No	
Evidence of tank leakage.	Yes	
Describe the evidence of tank leakage:	Visible leak, Wastewater present in soil outside tank	
Outlet Tee / Baffle		
Outlet Tee / baffle is present:	Yes	
Outlet baffle / tee is constructed of:	Manufactured Plastic	
Outlet tee is in good condition. No strong signs of deterioration.	Yes	
Outlet tee is at an appropriate height relative to the inlet.	Yes	
Filter is present in outlet tee:	Yes	
Filter was cleaned at the time of inspection.	Yes	
Filter is accessible and seated properly.	Yes	
Connection present from tank to next component:	Yes	
Does the system have a pump and pump tank?	No	
Distribution device present:	Yes	
Distribution Device		
Distribution device is accessible:	Yes	
Distribution Device Location		
		
Type of distribution device:	Distribution Box	
Size of Distribution Box	Small	
Distribution device is providing equal distribution of effluent.	Yes	
Presence of roots in distribution device.	No	
Distribution device appears to be watertight:	Yes	
Corrosion / deterioration present in distribution device:	Minimal Deterioration	
Confirmation that system effluent is reaching the drain field from the distribution device:	Yes	

Question	Response	Details
Conditions present that have prevented or hindered the inspection of the distribution device.	No	
Drain Field		
Drain Field Location		
 <p data-bbox="196 428 532 449">Media 8 Media 9 Media 10</p>		
Method for dosing to the field.	Gravity	
Configuration for dispersal in the field:	Parallel Trench	
Nature of media:	Polystyrene	
Evidence of past or current surfacing at time of inspection:	No	
Evidence of surface water inflow:	No	
Adequate ground cover over drain field (6" or more):	Yes	
Objects or structures that may affect the condition of the system or system components:	No	
Leach lines probed:	Yes	
System effluent is reaching the leach field:	Yes	
Soil Condition at Leach Lines:	Normal	
Number of leach lines:	2	
Vegetation, grading and drainage noted that may affect the condition of the system or system components.	Yes	Trees over both lines
 <p data-bbox="191 1247 272 1268">Media 11</p>		
Additional Information		

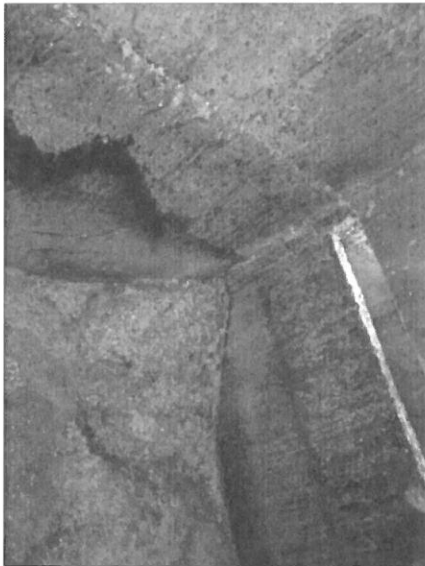
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Media 1



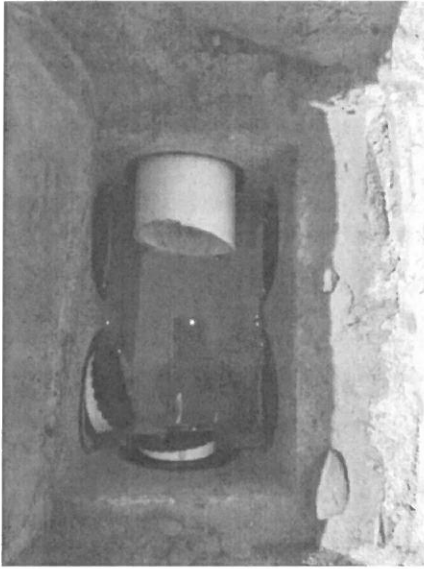
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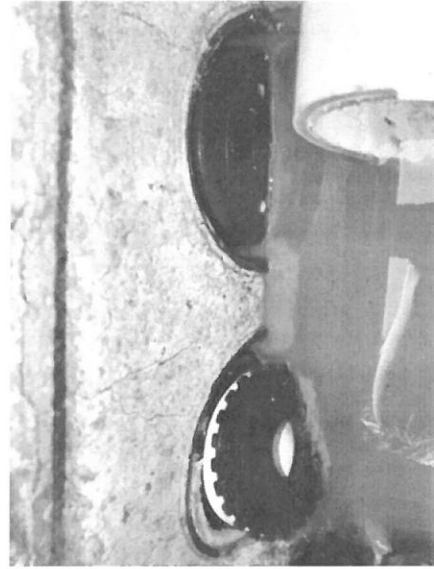
Media 3



Media 4



Media 5



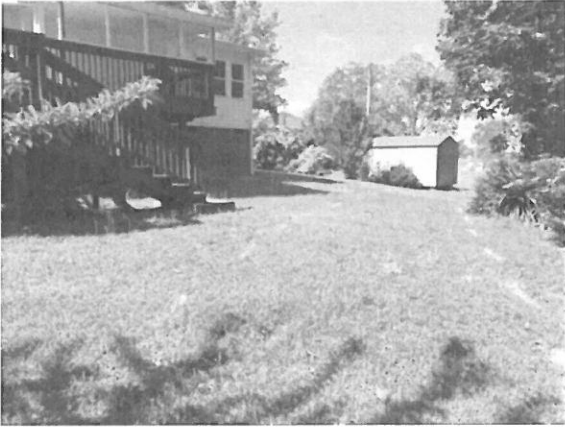
Media 6



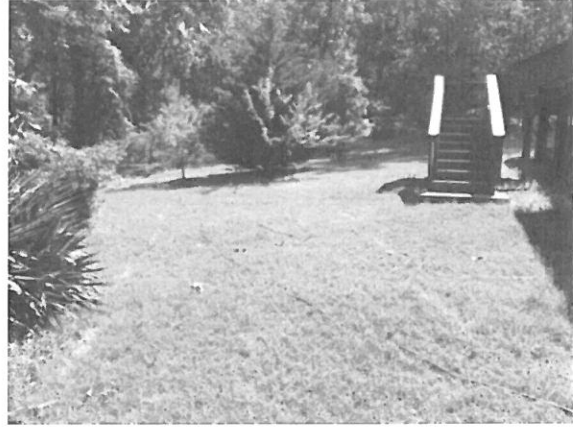
Media 7



Media 8



Media 9



Media 10



Media 11

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2017 Nov 17 11:27 AM NC Rev Stamp: \$ 240.00
Book: 3558 Page: 842 - 843 Fee: \$ 26.00
Instrument Number: 2017017248

HARNETT COUNTY TAX ID#
13-9692-0006-01

11-17-2017 BY CW

Submitted electronically by April E. Stephenson PA in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

**NORTH CAROLINA
GENERAL WARRANTY DEED**

Excise Tax: \$240.00

Recording Time, Book and Page

Tax Map No.

Parcel Identifier No. 139692 0006 01

Mail after recording to: Tracy Holder 253 Shue Rd, Broadway, NC 27505

This instrument was prepared by: April E. Stephenson, Attorney at Law

THIS DEED made this 14th day of November 2017 by and between

GRANTOR

WANDA ELAINE CAREY, unmarried
2824 Rexford Ln
Cary, NC 27518

GRANTEE

TRACY HOLDER
253 Shue Rd
Broadway, NC 27505

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Upper Little River Township, Harnett County, North Carolina, and more particularly described as follows:

BEING ALL OF THAT 1.18 acres (0.18 acre in right of way, leaving 1.00 acre net) as shown on that survey for: "Pauline Tennyson", dated February 19, 2011, by Dowell G. Eakes, PLS, recorded in Map Number 2011-117, Harnett County Registry. Reference to said map is hereby made for greater certainty of description.

SUBJECT TO 50' access/utility easement as shown on above referenced map.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2855, Page 9, Harnett County Registry.

A map showing the above described property is recorded in Map Number 2011-117, and referenced within this instrument.

The above described property does does not include the primary residence of the Grantor.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

Right of way to NC DOT recorded at Book 1090, Page 531, Harnett County Registry.

Easement to Carolina Power & Light Company recorded at Book 696, Page 56, Harnett County Registry.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

(ENTITY NAME)

Wanda Elaine Carey (SEAL)
WANDA ELAINE CAREY

By: _____ (SEAL)
Title: _____

By: _____ (SEAL)
Title: _____

(SEAL)

NORTH CAROLINA Lee COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Wanda Elaine Carey Witness my hand and official stamp or seal, this the 14th day of November, 2017.

My Commission Expires: 8-20-21

Margaret E. Williams
Notary Public

MARGARET E. WILLIAMS
Notary Public
Hoke County, NC

URGENT DOCUMENT