

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

EMAIL ADDRESS: JasonJen17@hotmail.com

NAME JASON DUFFANY PHONE NUMBER 334 447 8421

PHYSICAL ADDRESS 247 REGAL CREST DR. FURQUAY VARINA, NC 27526

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

Regal Crest 5
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: N 401, LEFT Christian Light Rd.,
4 miles, LEFT River Rd, 1/2 mile Right on
Regal crest Dr. Last house on left before
Caldesac

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.

Jason Duffany
Signature

1-3-19
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) 2011
Installer of system JASON MATTHEWS
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults 2 # children 4 # 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 Jason Duffeny
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? July 2019 How often do you have it pumped? 3 years
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 Pool installed 2015
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?
Septic Drain Field water coming out of ground after 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 winter worse



FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY S. HARGROVE
 HARNETT COUNTY, NC
 2011 JUL 20 10:44:10 AM
 BK:2886 PG:935-937 FEE:\$22.00
 NC REV STAMP:\$836.00
 INSTRUMENT # 2011010371

HARNETT COUNTY TAX ID#

050633.0013.04

720-H BY CW

**STATE OF NORTH CAROLINA
 COUNTY OF HARNETT**

**GENERAL
 WARRANTY DEED**

Excise Tax: \$836.00

Parcel ID Number: 050633 0013 04

Prepared by: Wallace Mercogliano, PA, P.O. Box 820, Fuquay-Varina, NC 27526

Mail to: Grantee

THIS DEED made this 19th day of July, 2011, by and between

GRANTOR

GRANTEE

NC Custom Homes, LLC
 1508 Mycenae Place
 Fuquay-Varina, NC 27526

Jason H. Duffany and Jennifer R. Duffany, Husband and
 Wife
 247 Regal Crest Drive
 Fuquay-Varina, NC 27526

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 Buckhorn Township of Harnett County, North Carolina, and more particularly described as follows:

Being all of Lot 5 of Regal Crest Subdivision as shown in Map Book 2008, Page 664, Harnett County Registry. The metes and bounds description shown thereon is incorporated herein by reference.

The above described lot is conveyed subject to all easements, rights-of-way and restrictions shown on said plat or listed on the public record and to the 2011 ad valorem taxes.

See Deed Book 2834, Page 332, Harnett County Registry.

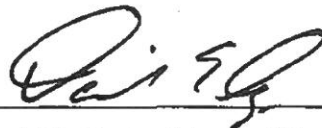
All or a portion of the property herein conveyed does not include the primary residence of a Grantor.

TO HAVE AND TO HOLD the above-described 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 lawfully seized of the premises in fee simple, has the right and power to convey the same in fee simple, that title is marketable and free from any and all encumbrances and that Grantor will forever warrant and defend the title against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

NC Custom Homes, LLC



(SEAL)

David E. Dozier, Member/Manager

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

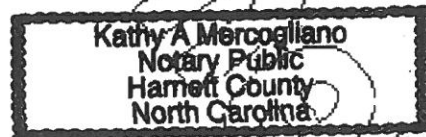
I, Kathy A. Mercogliano, a Notary Public of Harnett County, North Carolina, certify that David E. Dozier, being duly sworn by me says that he is a Member/Manager of NC Custom Homes, LLC., the limited liability company described herein and which executed the foregoing instrument; and that the name of the limited liability company was subscribed thereto by said Member/Manager, and that said Member/Manager subscribed its names thereto, all by order of the Members/Managers of said limited liability company; and that said instrument is the act and deed of said limited liability company.

WITNESS my hand and notarial stamp or seal this 19th day of July, 2011.



Kathy A. Mercogliano, Notary Public

My commission expires December 6, 2015.





KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
305 W CORNELIUS HARNETT BLVD
SUITE 200
LILLINGTON, NC 27546

Filed For Registration: 07/20/2011 10:44:19 AM

Book: RE 2886 Page: 935-937

Document No.: 2011010371

DEED 3 PGS \$22.00

NC REAL ESTATE EXCISE TAX: \$836.00

Recorder: ANGELA J BYRD

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

DO NOT DISCARD

2011010371

Print this page



Property Description:

LT#5 REGAL CREST S/D MP#2008-664

Harnett County GIS

PID: 050633 0013 04

PIN: 0633-32-5384.000

REID: 0071715

Subdivision:

Taxable Acreage: 1.000 LT ac

Cacluated Acreage: 2.51 ac

Account Number: 1500002636

Owners: DUFFANY JASON H & DUFFANY JENNIFER R

Owner Address : 247 REGAL CREST DRIVE FUQUAY VARINA, NC 27526

Property Address: 247 REGAL CREST DR FUQUAY VARINA, NC 27526

City, State, Zip: FUQUAY VARINA, NC, 27526

Building Count: 1

Township Code: 08

Fire Tax District: Northwest Harnett

Parcel Building Value: \$288700

Parcel Outbuilding Value : \$20560

Parcel Land Value : \$60000

Parcel Special Land Value : \$0

Total Value : \$369260

Parcel Deferred Value : \$0

Total Assessed Value : \$369260

Neighborhood: 00518

Actual Year Built: 2011

TotalAcutalAreaHeated: 2648 Sq/Ft

Sale Month and Year: 7 / 2011

Sale Price: \$418000

Deed Book & Page: 2886-0935

Deed Date: 2011/07/20

Plat Book & Page: 2008-664

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$267250

Prior Outbuilding Value : \$20560

Prior Land Value : \$72000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$359810



HTE# 11-5-26022

Harnett County Department of Public Health

PERMIT # 26415

Operation Permit

21731

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 521418 REJGAR RD

Name: (owner) N.C. Custom Homes LLC SUBDIVISION Regal Crest LOT # 5

System Installer: Jason Matthey Registration # _____

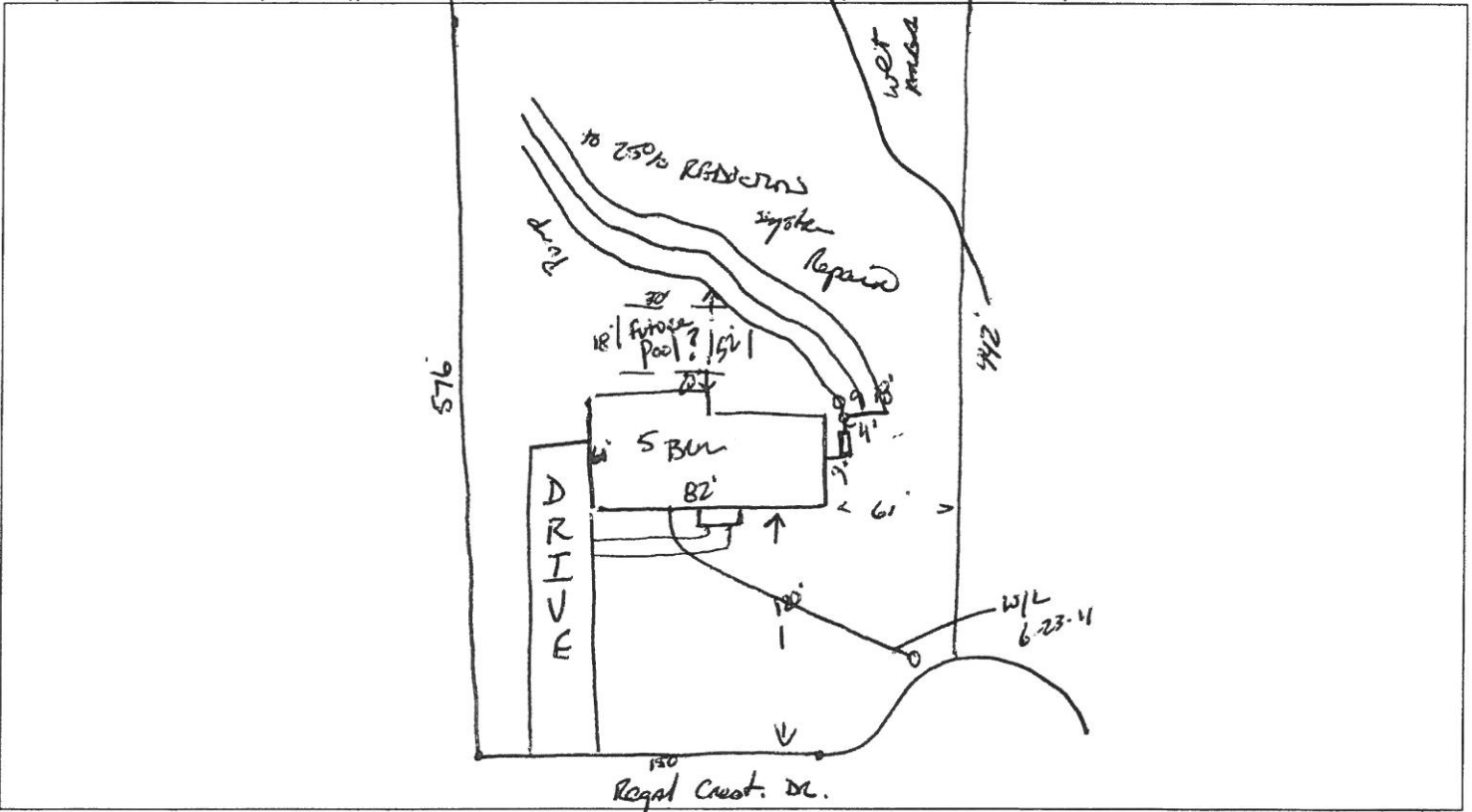
Basement with plumbing: Garage Number of Bedrooms 5

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

System Type: 25% REDUCED SYSTEM Type III G 52UM 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 25% REDUCED SYSTEM Septic Tank: 1200 gallons Pump Tank: _____ gallons

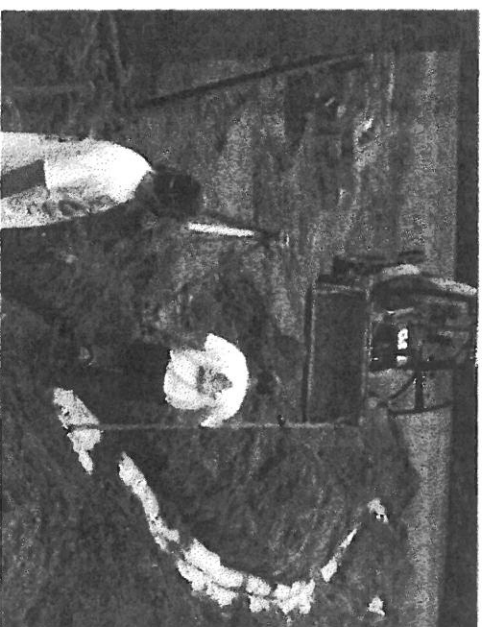
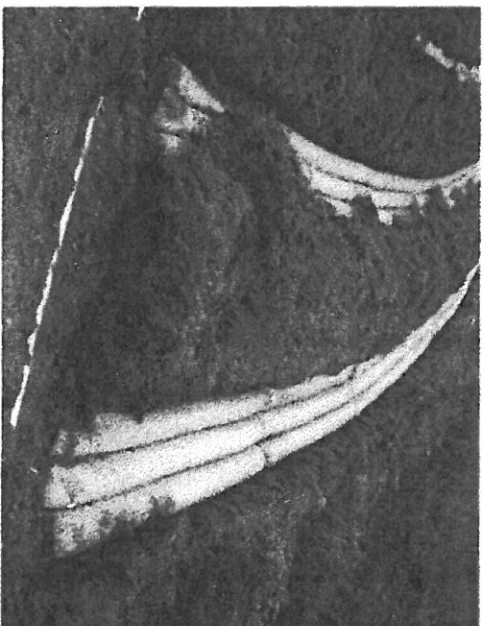
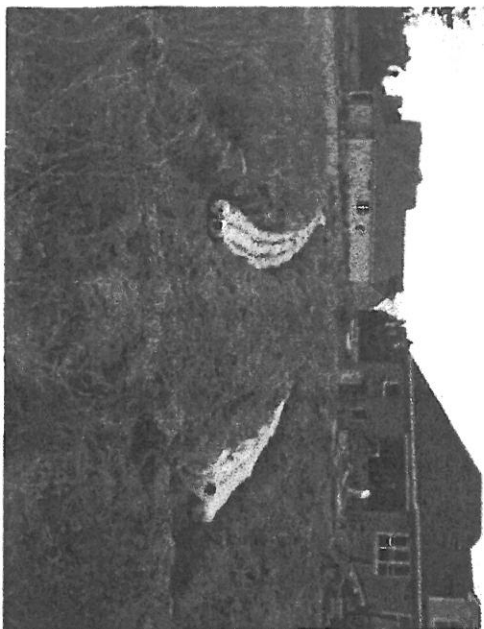
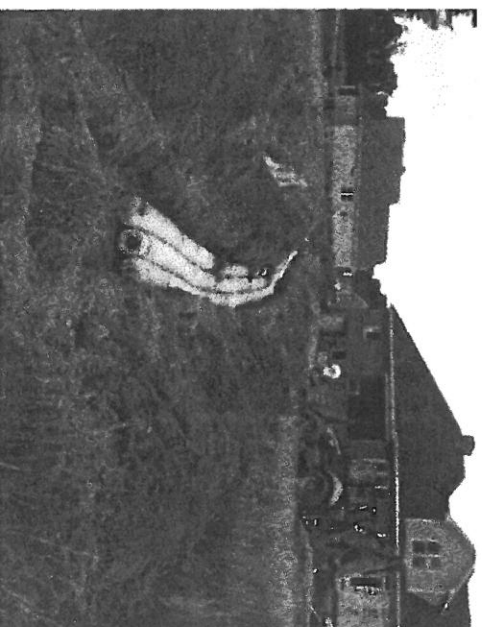
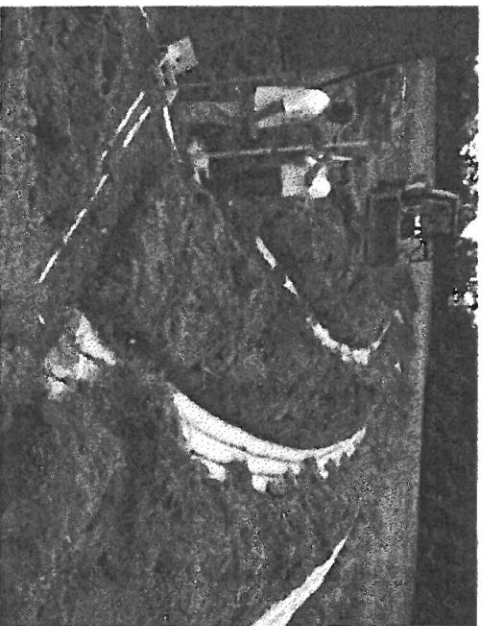
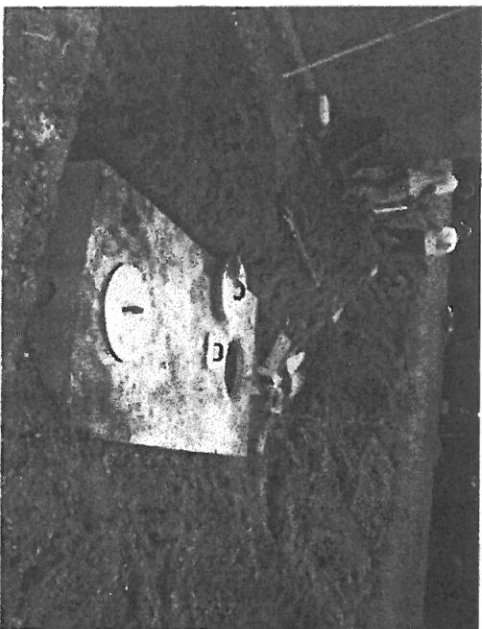
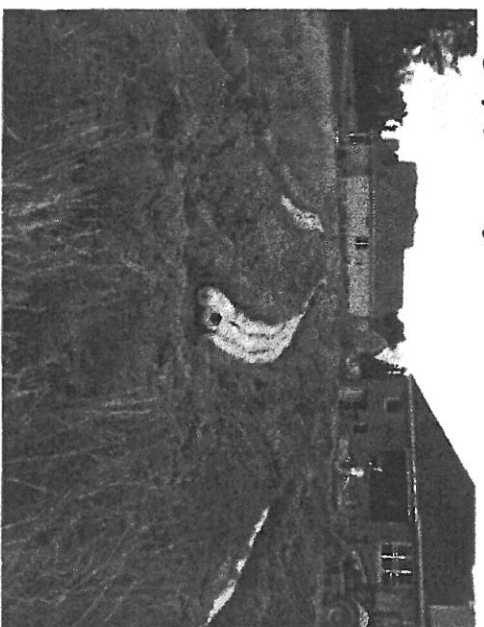
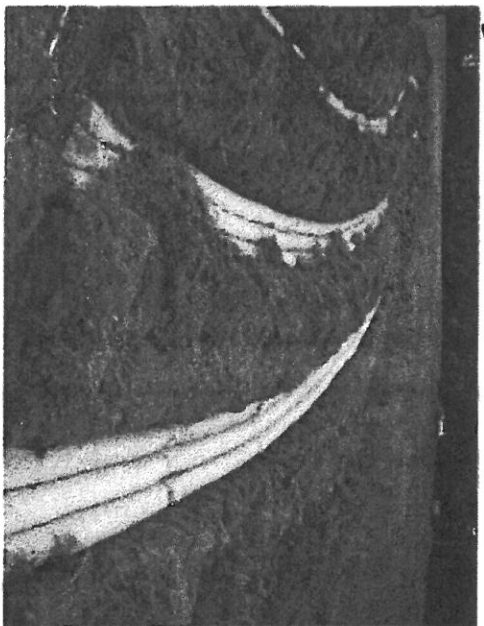
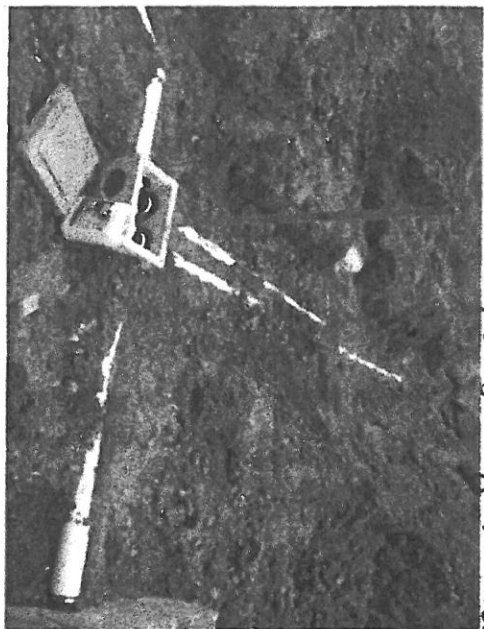
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 150 feet width of ditches 3 feet depth of ditches 70" inches

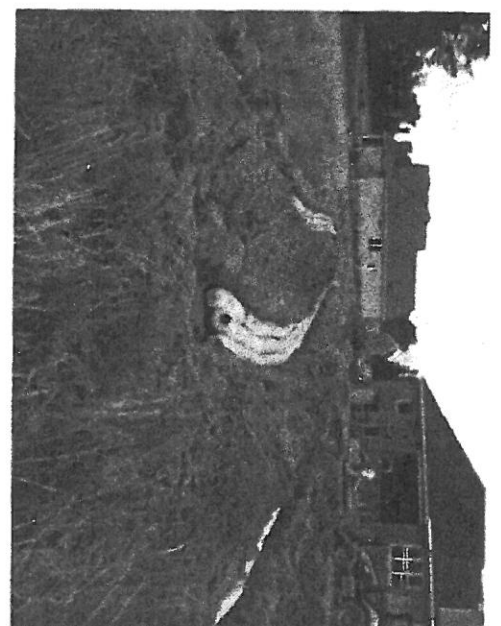
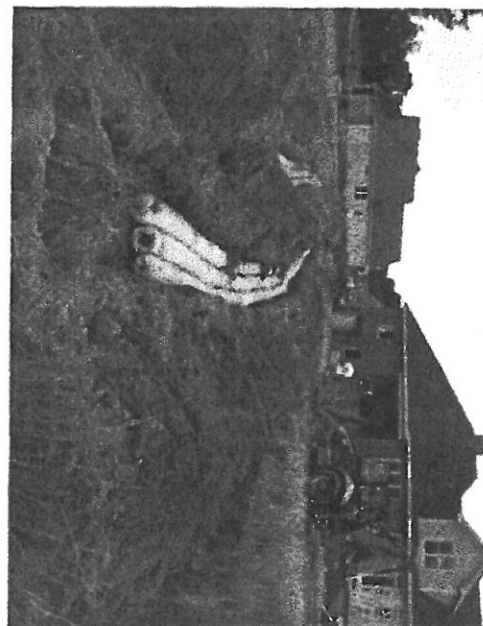
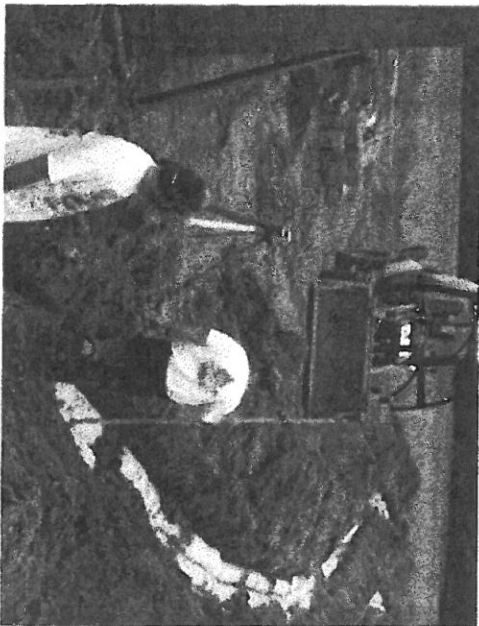
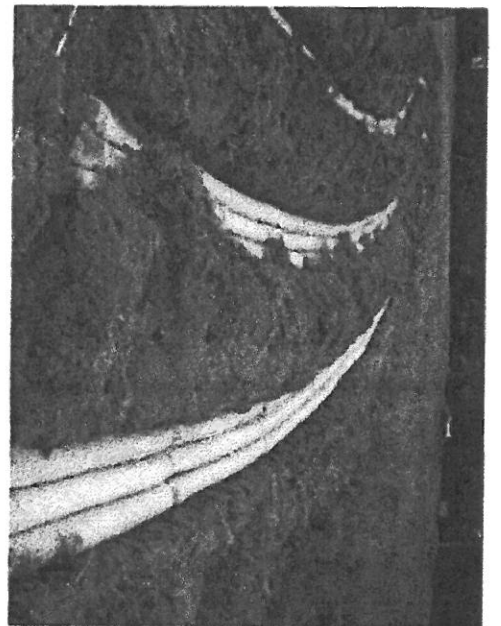
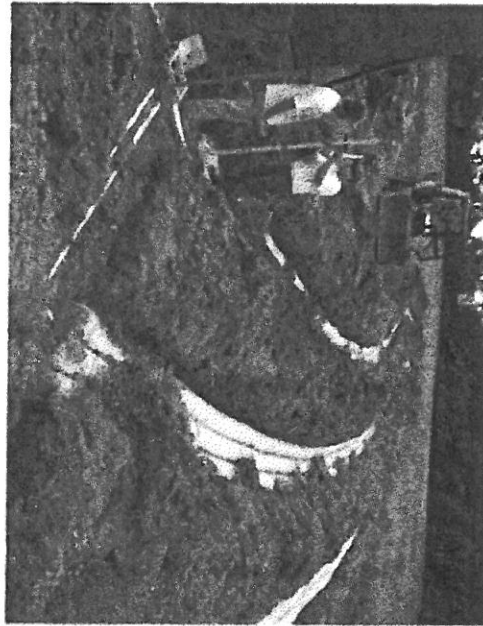
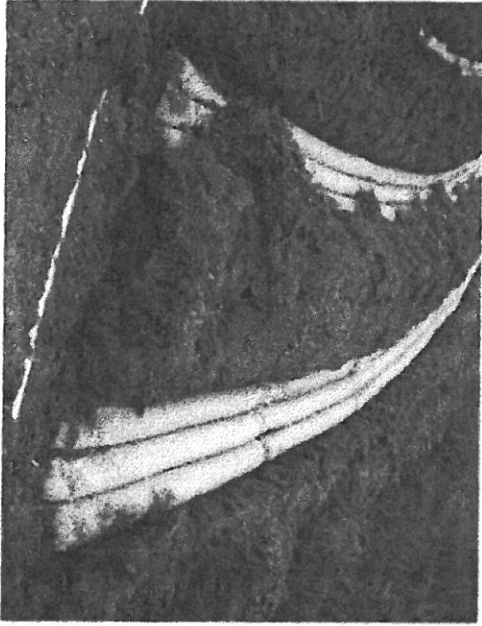
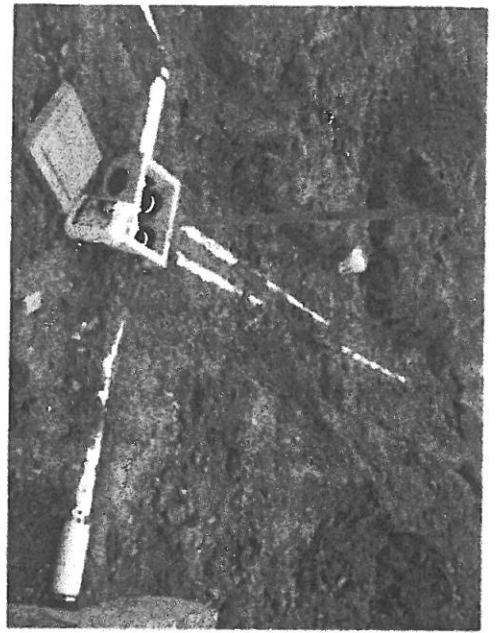
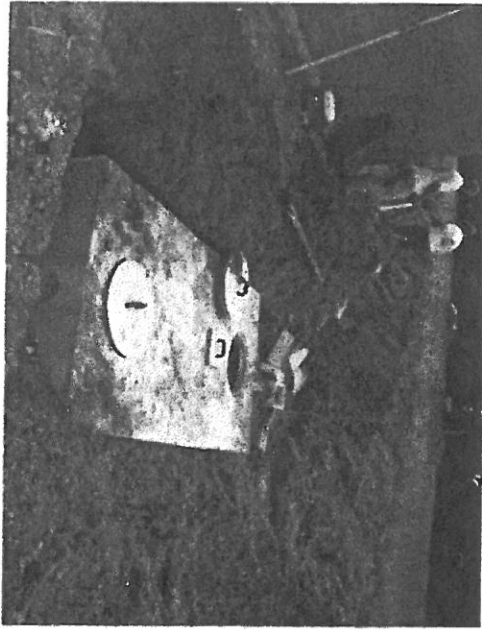
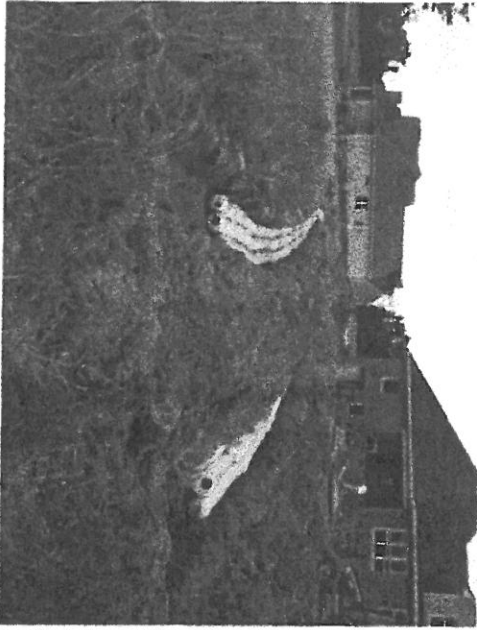
French Drain Required: _____ Linear feet

Authorized State Agent James E. Markham Date 6-23-11

JM - NC Currier -
Hones
11-5-11 - 26022

0-11-11 con 3 loggia west "11"
Sal 1918 River MD





HTE# 11-5-76022

Harnett County Department of Public Health

Improvement Permit

26415

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: NC Custom Homes LLC PROPERTY LOCATION: SA 1418 RIVERSIDE
 NEW REPAIR EXPANSION SUBDIVISION: REGAL CREST LOT # 5
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCED System
 Projected Daily Flow: 600 GPD
 Number of bedrooms: 5 Number of Occupants: 10 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. Maloney Date: 2-22-11 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: N.C. Custom Homes LLC PROPERTY LOCATION: SA 1418 RIVERSIDE
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCED System (Initial) Wastewater Flow: 600 GPD
 (See note below, if applicable
25% REDUCED System (Repair)

Installation Requirements/Conditions
 Septic Tank Size 1200 gallons Number of trenches 3
 Pump Tank Size 1200 gallons Exact length of each trench 150 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Maximum Trench Depth of: 20" max inches Soil Cover: 6 inches
 (Trench bottoms shall be level to +/- 1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 Conditions: _____ 2 inches above pipe
10 inches total

**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. Maloney Date: 2-22-11
 Construction Authorization Expiration Date: 2-22-16

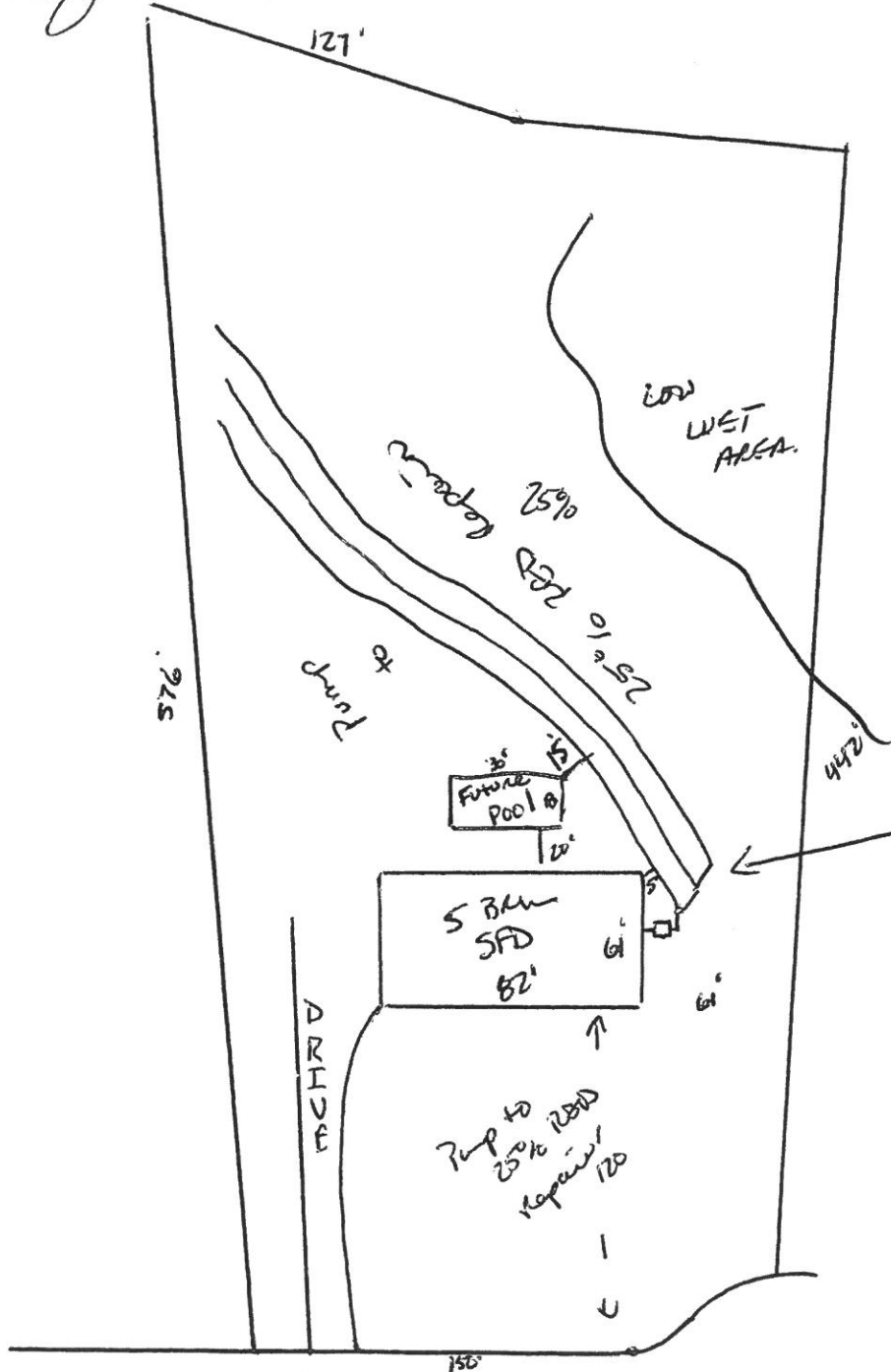
HTE# 11-5-26022

Permit # 26415

Harnett County Department of Public Health Site Sketch

ISSUED TO: N.C. Custom Homes LLC PROPERTY LOCATION: 511418 RIVERSIDE
SUBDIVISION: Regal Crest LOT # 5

Authorized State Agent: James E. Mahant Date: 2-22-16



IF DRAIN LINES
ARE NOT HELD
TIGHT TO HOME
AS PERMITTED
FRESH DRAINAGE
WILL BE
REQUIRED!

Regal Crest Dr

SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:

Address:
 Proposed Facility: SFD

Date Evaluated: 2-16-11
 Design Flow (.1949): 600

Property Size:

Location of Site:

Property Recorded:

Water Supply:

Public Individual Well Spring Other

Evaluation Method:

Auger Boring Pit Cut

Type of Wastewater:

Sewage Industrial Process Mixed

P R O F I L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz.	
1	L-3%	0-10	SL	FL GCLNSWP					
		10-30	SC-CIAY	CL ^m SCL.S.P.	32" 10R 4.2				.35
2	L 3%	0-12	SL	FL GCLNSWP					
		12-40	SC-CIAY	CL ^m SCL.S.P.	34" 10R 4.2				.35
3	L 5%	0-8	SL	FL GCLNSWP					
		8-32	SC-CIAY	CL ^m SCL.S.P.	30" 10R 4.2				.3
4	L 5%	0-12	SL	FL GCLNSWP					
		12-36	SC-CIAY	CL ^m SCL.S.P.	32" 10R 4.2				.35
5	L 5%	0-8	SL	FL GCLNSWP					
		8-30	SC-CIAY	CL ^m SCL.S.P.	28" 10R 4.2				.3

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): PS Evaluated By: 92 Others Present:
Available Space (.1949)	✓	✓	
System Type(s)	75" W	75" W	
Site LTAR	.3	.3	