

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: tlong5@gmail.com

NAME Travis Long PHONE NUMBER 919-630-7221

PHYSICAL ADDRESS 72 Larame Court Angler NC 27501

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
<u>Northport</u>	<u># 5</u>	<u>Larame Court</u>	<u>.79 acres</u>

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  County

Directions from Lillington to your site: Leave Courthouse turn left on to 421.  
Then left on to 210. After passing Harnett Central Middle  
School it is the next left. 72 Larame Court. 4th  
house on right.

**In order for Environmental Health to help you with your repair, you will need to comply by completing the following:**

1. 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

2-21-20  
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) 1997

Installer of system \_\_\_\_\_

Septic Tank Pumper \_\_\_\_\_

Designer of System \_\_\_\_\_

1. Number of people who live in house? 2 # adults \_\_\_\_\_ # children 2 # 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 Travis Long
3. If you have a garbage disposal, how often is it used?  daily  weekly  monthly
4. When was the septic tank last pumped? April 2017 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 NO
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?  
House is for sale. The buyers had a septic inspection done
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 NO

# IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Mikot Teresa Hamilton  New Installation  Septic Tank  
Property Location: SR# 210  Repairs  Nitrification Line

Subdivision North Point Lot # 05

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .71 acres

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of 3 exact length 100 width of 3 depth of 18\* in.  
ditches of each ditch ft. ft. ft.

French Drain Required: - Linear feet

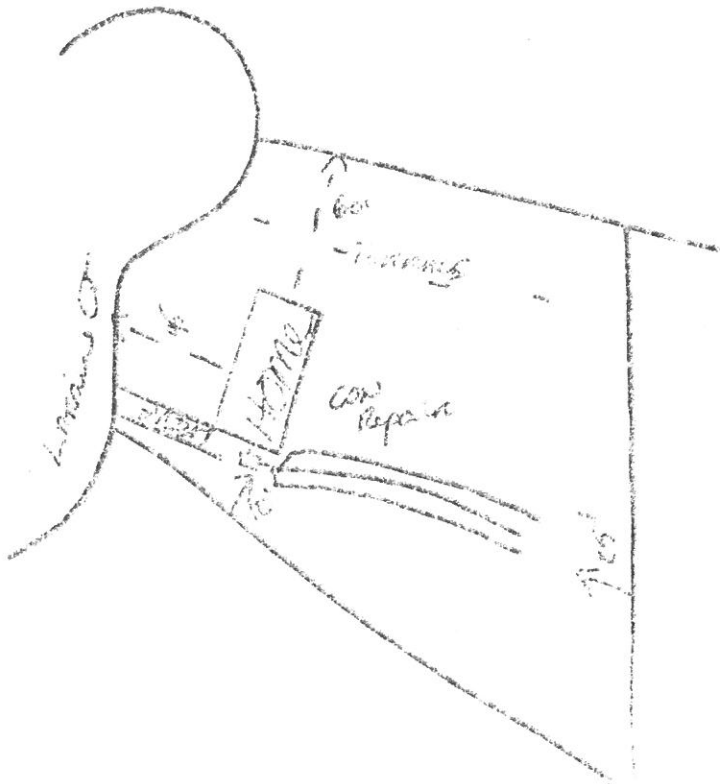
Date: 2-6-97

**This permit is subject to revocation if site plans or intended use change.**

Signed: Gary E. K. S.  
Environmental Health Specialist

**VOID AFTER 5 YEARS**

\* Maintain all setbacks  
\* Tank + System are shallow  
\* Plumbing may need to be high



For Registration Kimberly S. Hargrove  
Register of Deeds  
Harnett County, NC  
Electronically Recorded  
2017 Apr 28 02:02 PM NC Rev Stamp: \$ 278.00  
Book: 3500 Page: 295 - 298 Fee: \$ 26.00  
Instrument Number: 2017006114

HARNETT COUNTY TAX ID #  
040662 0105 15

04-28-2017 BY: SB

**NORTH CAROLINA GENERAL WARRANTY DEED**

Excise Tax: \$278.00

Parcel Identifier No. 04 0662 0105 15 Verified by \_\_\_\_\_ County on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By: \_\_\_\_\_

Mail/Box to: Grantee: 72 Laraine Court, Angier, NC 27501

This instrument was prepared by: Elizabeth W Newman, Attorney at Law, 304 East Jones Street, Raleigh, NC 27601

Brief description for the Index: Lot 5 Northport Court

THIS DEED made this 26 day of April, 2017, by and between

GRANTOR

GRANTEE

<p><b>GERRAD S. ALLISON AND WIFE, CANDICE W. ALLISON</b> 97 Setter Court Angier, NC 27501</p>	<p><b>TRAVIS D. LONG, UNMARRIED</b> 72 Laraine Court Angier, NC 27501</p>
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Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

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 the City of Angier, \_\_\_\_\_ Township, Harnett County, North Carolina and more particularly described as follows:

**BEING all of Lot 5 of Northport Court Subdivision as shown on plat map recorded in Plat Cabinet "F", Slide 669-B, Harnett County Registry.**

The property herein conveyed  is/  is not the primary residence of the Grantor.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1964, page 743.

A map showing the above described property is recorded in Plat Cabinet E, Slide 669-B.

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.

Submitted electronically by "Newman & Newman Attorneys at Law"  
in compliance with North Carolina statutes governing recordable documents  
and the terms of the submitter agreement with the Harnett County Register of Deeds.

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, other than the following exceptions:

2017 ad valorem taxes.

Subject to all easements, reights-of-ways, covenants and other restrictions as shown on public record.

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

\_\_\_\_\_  
(Entity Name)

Gerrad S. Allison (SEAL)  
GERRAD S. ALLISON

By: \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

Title: \_\_\_\_\_

By: \_\_\_\_\_

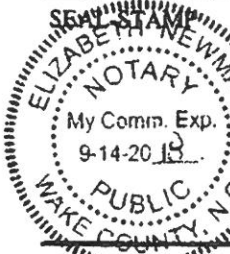
\_\_\_\_\_  
(SEAL)

Title: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

Title: \_\_\_\_\_



State of North Carolina - County of Wake  
the undersigned Notary Public of the County and State aforesaid, certify that Gerrad S. Allison personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 23 day of April, 2017.

My Commission Expires: 9-14-18

Gerrad S. Allison  
Notary Public

SEAL-STAMP

State of North Carolina - County of \_\_\_\_\_  
I, the undersigned Notary Public of the County and State aforesaid, certify that \_\_\_\_\_ personally came before me this day and acknowledged that he is the \_\_\_\_\_ of \_\_\_\_\_, a North Carolina or \_\_\_\_\_ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL-STAMP

State of North Carolina - County of \_\_\_\_\_  
I, the undersigned Notary Public of the County and State aforesaid, certify that \_\_\_\_\_

Witness my hand and Notarial stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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, other than the following exceptions:

2017 ad valorem taxes.

Subject to all easements, rights-of-ways, covenants and other restrictions as shown on public record.

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

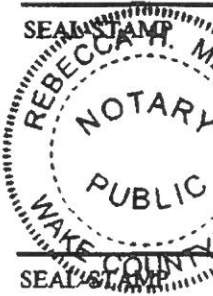
By: \_\_\_\_\_ (Entry Name) Candice W. Allison (SEAL)  
CANDICE W. ALLISON

By: \_\_\_\_\_ (SEAL)  
Title: \_\_\_\_\_

By: \_\_\_\_\_ (SEAL)  
Title: \_\_\_\_\_

By: \_\_\_\_\_ (SEAL)  
Title: \_\_\_\_\_

SEAL-STAMP State of North Carolina - County of Wake  
I, the undersigned Notary Public of the County and State aforesaid, certify that Candice W. Allison personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 27 day of April, 2017



My Commission Expires: May 29, 2018  
Notary Public Rebecca H. Medlin

SEAL-STAMP State of North Carolina - County of \_\_\_\_\_  
I, the undersigned Notary Public of the County and State aforesaid, certify that \_\_\_\_\_ personally came before me this day and acknowledged that he is the \_\_\_\_\_ of \_\_\_\_\_, a North Carolina or \_\_\_\_\_ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
Notary Public \_\_\_\_\_

SEAL-STAMP State of North Carolina - County of \_\_\_\_\_  
I, the undersigned Notary Public of the County and State aforesaid, certify that \_\_\_\_\_  
Witness my hand and Notarial stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires: \_\_\_\_\_  
Notary Public \_\_\_\_\_

The foregoing Certificate(s) of \_\_\_\_\_  
is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown  
on the first page hereof.

By: \_\_\_\_\_ Register of Deeds for \_\_\_\_\_ County  
Deputy/Assistant - Register of Deeds

Official's Document

# Septic System Inspection Report

Client Name LUKE & BRIANA CALHOON  
 Prop. Addr. 72 LARAIN CT  
ANGIER, NC 27501  
 Email Address LCALHOON@LIVE.COM  
 Phone No 919-855-1794  
 Agent Name DEBRA LEVESQUE

Wastewater Solutions, LLC  
 14 Apothecary Ct., Garner, NC 27529  
 Phone: 919-661-8602  
 Fax: 919-661-8609  
 Email: sleonardwvs@gmail.com  
**Certified Inspectors**  
 Scott Leonard 27321  
 Terry Wiggins 49721  
 Nolan Leonard 60801

Date / Time of Inspection: 2/3/2020

## IMPORTANT NOTICE / DISCLAIMER

This inspection report indicates the present condition of the system based on recommended inspection procedures, but is in no way a guarantee or warranty of future performance. The inspection report excludes and does not intend to cover components that are concealed or are otherwise not observable. No tests, unless specifically stated, were performed on any system inspected to ascertain the efficiency of the function/utility thereof, and no warranty, express or implied, relative thereto is hereby given.



**Homeowner / Occupant Records & Data, as available**  
 Information collected pursuant to this section is to be provided voluntarily and at the discretion of the client, client's representative or property owner. The client, client's representative or property owner is solely responsible for record and data accuracy and completeness. The inspector assumes no responsibility for the accuracy of information provided by the client, client's representative or property owner.

Pre-Inspection Contract, signed by Client is attached to Inspection

**Source of Records & Data**  
 Records and data were given to the inspector by: Property Owner Buyer  Realtor Other

MLS Stated Bedrooms 3 System Sized for Bedrooms 3

**Resident Data**  
 Age of home HOUSE BUILT IN 1997

Yes  No      Incon.      Are all wastewater facilities within property lines  
 Yes  No      Incon.      Is there a designated repair field

Septic Permit is Attached to this Report  Septic Permit is not available at the time of this Inspection     

System Requires an Operator      Yes  No      Incon.      If yes, Operators Name:     

Type of Water Supply      Well  Public Water      Community Well     

**Setback Distances**  
10 ft. from house or structure  
NA ft. from well if applicable  
12 ft from property line

Information reported in this section may in part be based on homeowner records and data. The inspector assumes no responsibility for inaccurate records and data.

Yes  No      Incon.      All grey and black water are routed to the Septic Disposal System. Comments:     

Yes      No  Incon.      A water softener / treatment appliance is present and may backflush to the Septic System. (Salt can cause breakdown of clayey soils reducing the soils ability to function properly)

Yes      No  Incon.      A garbage disposal is routed to the Septic System and may place added burden on it. (Introduces much more organics into the system - tank should be pumped more often)



**System Component Evaluation**

**Septic Tank**

Type of Septic System:  Conventional Septic System  LPP System  Other \_\_\_\_\_

Type of Tank, if present:  Concrete  Plastic  Other \_\_\_\_\_

Size of Tank: **1000 GALLON**

Septic Tank Inlet Riser Is:  Above Grade  At Grade  Below Grade  Not Present

Septic Tank Outlet Riser Is:  Above Grade  At Grade  Below Grade  Not Present

Condition of Septic Tank Lids **TANK LIDS ARE BROKEN**

Yes  No  Incon.  **NA** Standing water present at riser locations. Comments: \_\_\_\_\_

Yes  No  Incon.  **NA** Risers watertight / no evidence of infiltration

Yes  No  Incon.  There is evidence of structural damage to the baffle or superstructure to the tank.

Comments: **TOP OF TANK IS BROKEN AT OUTLET ACCESS OPENING TANK IS STRUCTURALLY FAILING**

Indicate if any of the following components or accessories are present:  Outlet Tee  Effluent Filter  Other \_\_\_\_\_

Comments / Condition: **TEE WAS NOT OBSERVED DUE TO POOR CONDITION OF OUTLET OPENING**

Yes  No  Incon.  Scum and sludge layer measurements were taken. Inlet: Scum  in. Sludge  in.

Outlet: Scum  in. Sludge  in.

(pump tank if sludge is 1/3 of volume and or scum is 1/5 of volume, or approx. every three years)

Comments: **SLUDGE MEASUREMENTS WERE NOT TAKEN DUE TO TANK FAILURE CONDITION**

Yes  No  Inlet pipe where entering the tank is free of obstruction or issue?

Yes  No  Water level in Septic Tank is relative to Inlet & Outlet?

Yes  No  Effluent leaves Outlet?

Yes  No  Roots present in Tank

Yes  No  Tank pumping is Requested at time of Inspection?

Date Tank was last Pumped  ? (Unknown?)

**Distribution Device**

Yes  No  Incon.  Distribution box present. Conventional  Pressure Manifold  Other \_\_\_\_\_

Comments: **DISTRIBUTION BOX IS CRUMBLED AND NOT FUNCTIONAL**

Yes  No  Incon.  Flow spill evenly (Flow adjusters utilized)

Comments: **DBOX NEEDS TO BE REPLACED**

Yes  No  Incon.  Bull Run valve present?

**Pump Tank**

Yes  No  Incon.  Does system contain a pump or dosing tank?

Yes  No  Incon.  There is evidence of structural damage to the tank?

Yes  No  Incon.  Access Risers in Place? Condition? \_\_\_\_\_

Yes  No  Incon.  There is evidence of surface water infiltrating into pump chamber.

Yes  No  Incon.  Pump and panel appear to be in good condition and operating properly.

Yes  No  Incon.  High water alarm present

Yes  No  Incon.  Can the alarm be activated?

Pump tank doses to  Pressure Manifold  Distribution Box

Comments: **NO PUMP TANK PRESENT**

**Photos:**

**CRACKED TANK INLET LID**



**CRACKED TOP OF TANK AT OUTLET**



Disposal Field Evaluation

3 Number of Lines

3' WIDE X 100' LONG

Brief Description of System Type: GRAVITY TO DBOX TO CONVENTIONAL TRENCH

- Yes  No  Incon.  Impermeable surface such as conc., asphalt, or brick is located approx. over the absorption field
- Yes  No  Incon.  Good vegetative cover over the absorption field.
- Yes  No  Incon.  Heavy objects (cars, pools, buildings) or evidence from such objects are in the vicinity of the field.
- Yes  No  Incon.  Stormwater, sump pumps, foundation drains, or roof runoff is diverted to flow into the septic system or on to the absorption field.
- Yes  No  Incon.  Surface runoff water is ponding on the absorption field.
- Yes  No  Incon.  Trees, large shrubs or other plants with extensive root systems were observed in the vicinity.
- Yes  No  Incon.  Is there surfacing effluent, wet spots, burnt out grass, ground staining or odor evident (circle)
- Yes  No  Incon.  Patches of lush green grass over the soil absorption system or around any tankage.
- Yes  No  Incon.  Soil absorption system probed to check for excessive moisture, odor and /or effluent?

Result of investigation into soil absorption system: BARN / SHED MAY BE ON TOP OF THE END OF ONE SEPTIC LINE

Results & Recommendations

Results:

Inspection revealed (indicate one or more of the following):

- System meets minimum standards
- System is substandard or has substandard components. (Note reasons for indicating this on comment line below)
- Structural damage to the system (such as cracks in the septic tank or a soil absorption system cave-in).
- Further evaluation by health dept representative or repair professional is recommended.

Comments: SEE RECOMMENDATIONS BELOW

Additional Photos:

CRUMBLED CONCRETE DBOX



SEPTIC FIELD AREA



Recommendations: THE TOP OF THE CONCRETE SEPTIC TANK HAS FAILED AND IS NOT STRUCTURALLY SOUND. TANK REPLACEMENT WILL BE NECESSARY. COORDINATE WITH THE LOCAL HEALTH DEPT FOR REPAIR PERMIT.

DISTRIBUTION BOX CONCRETE HAS DETERIORATED AND CRUMBLED. DBOX WILL NEED TO BE REPLACED.

INSPECTOR SIGNATURE

TERRY WIGGINS

49721

Inspector's Signature