

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: mmooreblessed@aol.com

NAME Michelle Moore PHONE NUMBER 910-658-2460

PHYSICAL ADDRESS 21 Birchwood Circle Coats, NC 27521

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: 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: take 421 toward Campbell University
turn onto Leslie Campbell and follow road to 27° turn
left on Bill Avery Rd.° turn left on Riverbirch Run.
Birchwood Circle is off of Riverbirch Run on the right

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.

Michelle Moore
Signature

10/21/20
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) 2007
Installer of system _____
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults 0 # 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** _____

3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? _____ 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 replaced deck
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?
lawn is wet and muddy since around 9/4/20 ~ Possible damage to septic or water lines

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 occurred after Lowe's delivered deck materials and drove on my yard.

HTE# 07-5-16852

Harnett County Department of Public Health 19045

PERMIT # 23549

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Birchwood Circle

Name: (owner) Craig Matthews

SUBDIVISION Birchfield

LOT # 21

System Installer: Larry Sharpe

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

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

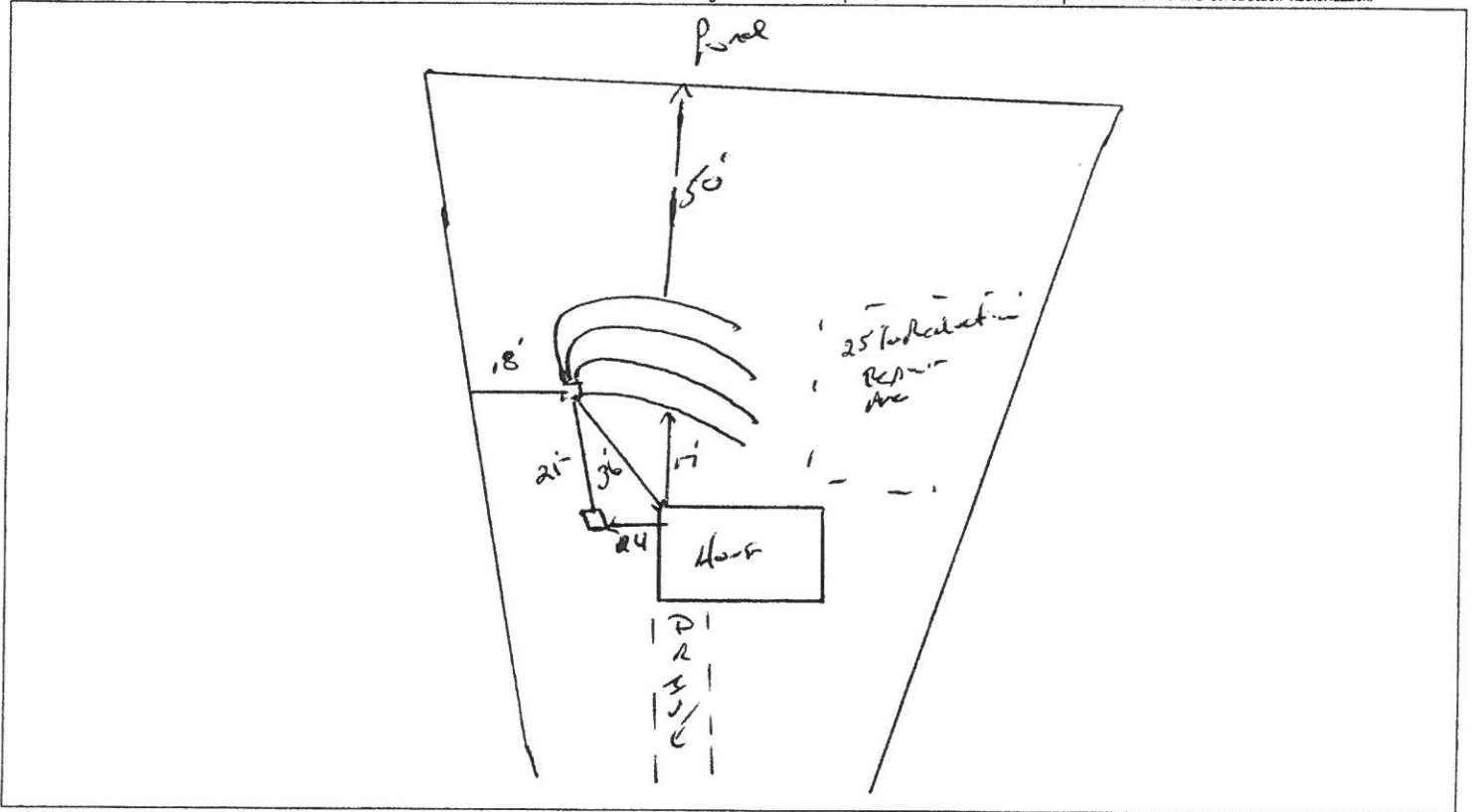
System Type: III G

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: _____

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

Type of system: Conventional Other E2 Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 4 of each ditch 50 feet ditches 3 feet ditches 20 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 5/29/2007

HTE# 07-5-16852

Harnett County Department of Public Health 23549

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CRAIG MATHEWS PROPERTY LOCATION: BIRCHWOOD CIRCLE
 NEW REPAIR EXPANSION SUBDIVISION: BIRCHFIELD LOT # 21
 Type of Structure: SFO (34x57) Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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 100 feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 3/5/07 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: CRAIG MATHEWS PROPERTY LOCATION: BIRCHWOOD CIRCLE
 SUBDIVISION BIRCHFIELD LOT # 21
 Facility Type: SFO (34x57) New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)
25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
 Pump Tank Size _____ gallons
 L TRENCHES
 Exact length of each trench 50 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 2 inches
 Maximum Trench Depth of: 20 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches total

**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.

Authorized State Agent: [Signature] Date: 3/5/07 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 3/5/12

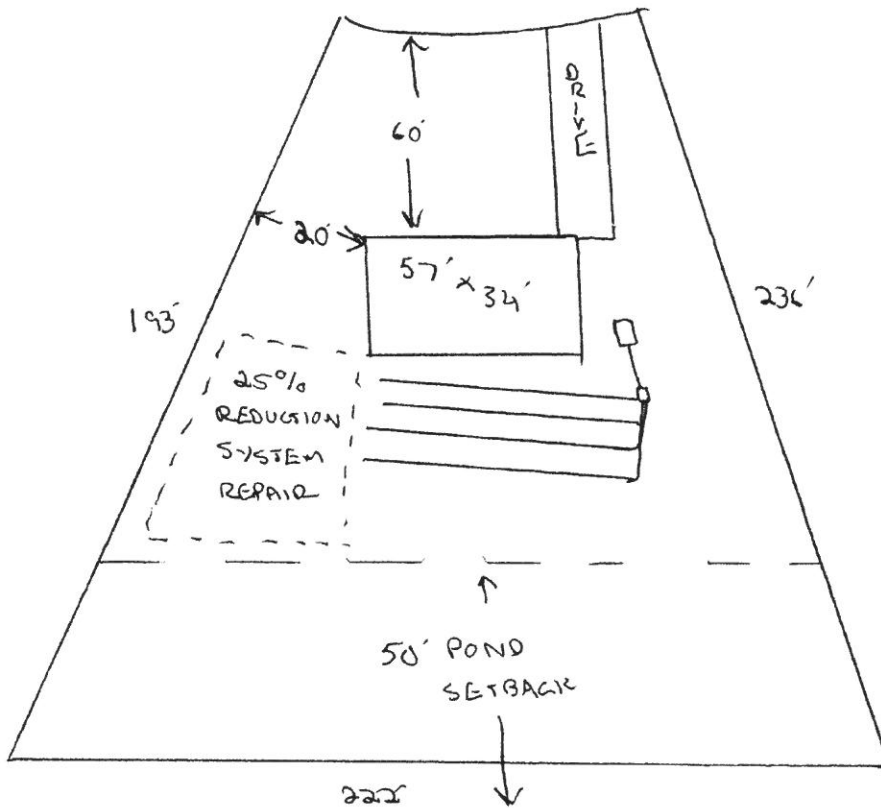
HTE# 07-5-16852

Permit # 23549

Harnett County Department of Public Health Site Sketch

ISSUED TO: CRAIG MATTHEWS PROPERTY LOCATOR: BIRCHWOOD CIRCLE
SUBDIVISION: BIRCHFIELD LOT # 21

Authorized State Agent: ~~_____~~ es (OLIVER TOLKSDORF) Date: 3/5/07



Customer: 141903 - 002608
 MICHELLE MOORE
 21 BIRCHWOOD CIR
 COATS, NC 27521
 (910) 658-2460

Balance: \$60.96
 Deposit: (\$25.00)
 Last Bill: \$60.96 Due 11/10/2020
 Plan: Auto Pay
 Next: \$60.96 on the 11/10/2020

Active
 Collections Okay
 OUE#
 Meter Number: 16592550
 Cycle/Book: East Central 9 / Book 55
 Call Number: 01540

- Customer
- Service Address
- Customer/Account
- Services
- Addresses
- Transaction History
- Reading History**
- Bills
- Comments
- Move

Water

Record 1 of 106

Service ▲	Read Date ▼	Meter	Read Type	...	Previous Reading	Current Reading	...	...	Days	Consumption	Unit Of Measur
> Water	9/29/2020	16592550	Potable	...	664990.000	669170.000	...	...	34	4180.000	Gallons
Water	8/26/2020	16592550	Potable	...	661360.000	664990.000	...	...	27	3630.000	Gallons
Water	7/30/2020	16592550	Potable	...	656110.000	661360.000	...	...	34	5250.000	Gallons
Water	6/26/2020	16592550	Potable	...	651500.000	656110.000	...	...	30	4610.000	Gallons
Water	5/27/2020	16592550	Potable	...	646000.000	651500.000	...	...	29	5500.000	Gallons
Water	4/28/2020	16592550	Potable	...	640280.000	646000.000	...	...	34	5720.000	Gallons
Water	3/25/2020	16592550	Potable	...	635380.000	640280.000	...	...	25	4900.000	Gallons
Water	2/29/2020	16592550	Potable	...	631830.000	635380.000	...	...	24	3550.000	Gallons



FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY S. HARGROVE
 HARNETT COUNTY, NC
 2009 JUL 24 03:28:16 PM
 BK: 2654 PG: 152-154 FEE: \$17.00
 NC REV STAMP: \$238.00
 INSTRUMENT # 2009011608

HARNETT COUNTY TAX ID#

07-0680-0129-26

7-24-09 BY KPO

**NORTH CAROLINA
 GENERAL WARRANTY DEED**

Excise Tax: \$238.00

Recording Time, Book and Page:

Tax Map No.

Parcel Identifier No: 070680 0129 26

Mail after recording to: Lynn A. Matthews, 108 Commerce Drive, Ste B, Dunn, NC 28334

This instrument was prepared by: Lynn A. Matthews, Attorney

THIS DEED made this 16th day of July, 2009 by and between

GRANTOR

Adam Mowery and wife, Sarah Ross Mowery

408 La Vista Court
 Benson, NC 27504

GRANTEE

Michelle Marie Moore, Single

21 Birchwood Circle
 Coats, NC 27521
 Property Address: 21 Birchwood Circle, Coats, NC 27521

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 and more particularly described as follows:

BEING all of Lot 21, Phase 4, Birchfield Subdivision, as recorded in Map #98-506 and 506A, Harnett County Registry

This lot is conveyed subject to the Restrictive Covenants recorded in Book 1322, Page 846, Harnett County Registry

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2410, Page 128, Harnett County Registry.

A map showing the above described property is recorded in Plat Book 98, Page 506 & 506A, and referenced within this instrument.

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:

- 1. 2009 ad valorem taxes which are not yet payable
- 2. Restrictions, easements and rights of way as they appear of record

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) Adam Mowery (SEAL)
Adam Mowery

By: _____ Sarah Ross Mowery (SEAL)
Sarah Ross Mowery

Title: _____

By: _____ (SEAL)

Title: _____

_____ (SEAL)

NORTH CAROLINA HARNETT 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: Adam Mowery and wife, Sarah Ross Mowery. Witness my hand and official stamp or seal, this the 24th day of July, 2009.

My Commission Expires: 5/31/2011

Notary Public

Print Notary Name: Lynn A. Matthews

