

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: tonywest@officevalue.com

OWNER NAME Tony West PHONE (910) 890-4617

PHYSICAL ADDRESS 126 Trolley Lane Coats, NC 27521

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

CANE MILL ESTATES

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: Go to end of Canoe Mill Road from Coats. Go straight into Canoe Mill Estates and then right onto Trolley Lane.

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.

Tony West
Owner Signature

4/3/23
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) 2008
Installer of system _____
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 4 # adults _____ # 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 _____
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? 4/15 How often do you have it pumped? 30 MONTHS
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?
Having to get pumped every 30 months. Had risers placed on top and problem became worse.
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# 08-5-19503

Harnett County Department of Public Health

20066

PERMIT # 24613

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 5721703 RED HILL CH RD

Name: (owner) Whittenton Builders SUBDIVISION CANE HILL ESTATES LOT # 24

System Installer: Keneth Wekas Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

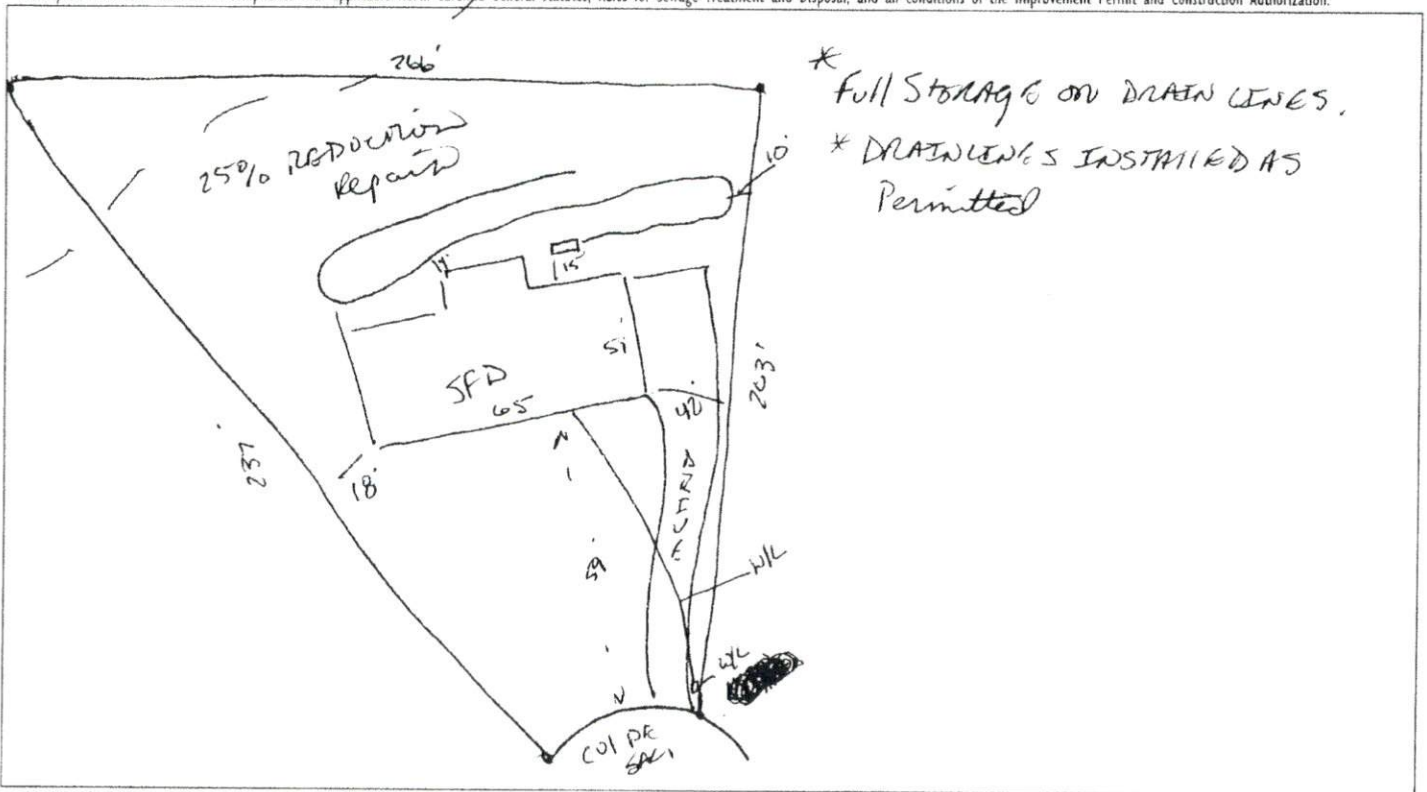
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% REDUCTION System Type III @ 60MP 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 25% REDUCTION System Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of _____
 Drainage Field ditches 1 of each ditch 500 feet ditches 3 feet ditches 28-318 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Mawhant Date 7-25-08

HTE# 08-5-19503

Harnett County Department of Public Health

24613

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Whetten Builders PROPERTY LOCATION: 521703 RED HILL CHURCH RD
 NEW REPAIR EXPANSION SUBDIVISION: CANE MELL ESTATES LOT # 24
 Type of Structure: SFD 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Manhart Date: 3-17-08 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: Whetten Builders PROPERTY LOCATION: 521703 RED HILL CHURCH RD
 SUBDIVISION: CANE MELL ESTATES LOT # 24
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% REDUCTION SYSTEM (Repair))

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 1 X 300 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 28-18" 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: 6 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: James E. Manhart Date: 3-17-08 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 3-17-13

HTE# 08-5-19503

Permit # 24613

Harnett County Department of Public Health Site Sketch

ISSUED TO: Whittenton Builders PROPERTY LOCATOR: 51703 RED HILL CHURCH RD
SUBDIVISION CANE MELL ESTATES LOT # 24

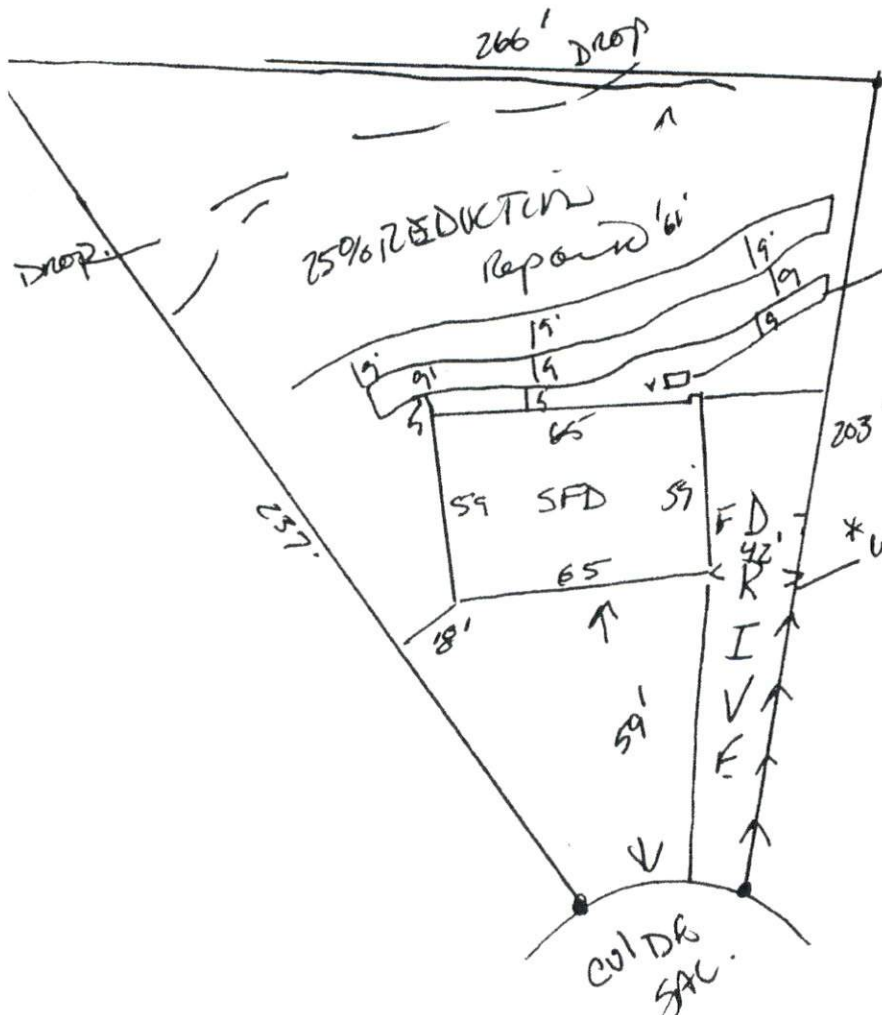
Authorized State Agent: James E. Manahan Date: 3-17-08

* NO POOLS
* NO BUILDINGS
* NO SPRINKLER SYSTEMS IN SEPTIC SYSTEM AND REPAIR AREAS ALLOWED.

* FULL STORAGE AND CORRECT LAYOUT POSSIBLE.
28" MAX DIRT DEPTH.

* HOLD SYSTEM TO 9" ON CENTER WIDER DITCH PLACEMENT WORKS SPACE FOR REPAIR.

* WATER LINE + POWER LINES PLACEMENT.




**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner:
 Address:
 Proposed Facility: **JAP** Design Flow (.1949): **360**
 Location of Site:
 Water Supply: Public Individual Well
 Evaluation Method: Auger Boring Pit
 Type of Wastewater: Sewage Industrial Process

Applicant: **19503**
 Date Evaluated: **3-11-08**
 Property Size:
 Property Recorded:
 Spring Other
 Cut
 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 Sapra Class	.1944 Restr Horiz	
1	L 7%	0-12	SC-Clay	From 1 st S.P.	12" out				
		0-5	Clay fill	From 1 st S.P.					
2	L 6%	5-24	SL	From 1 st S.P.					.3
		24-48	SC-Clay	From 1 st S.P.	42" 7.5yd 42"				
3	L 4%	0-10	SC-Clay ^{fr}	From 1 st S.P.					.3
		10-32	SL	From 1 st S.P.					
4	L 4%	32-48	SC-Clay	From 1 st S.P.	44" 7.5yd 42"				.3
		0-8	SC-Clay	From 1 st S.P.					
		8-30	SL	From 1 st S.P.					
		30-48	SC-Clay	From 1 st S.P.	44" 7.5yd 42"				

Description	Initial System	Repair System
Available Space (.1945)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
System Type(s)	28" x 40"	28" x 40"
Site LTAR	.3	.3

Other Factors (.1946): _____
 Site Classification (.1948): **PS-**
 Evaluated By: 
 Others Present:

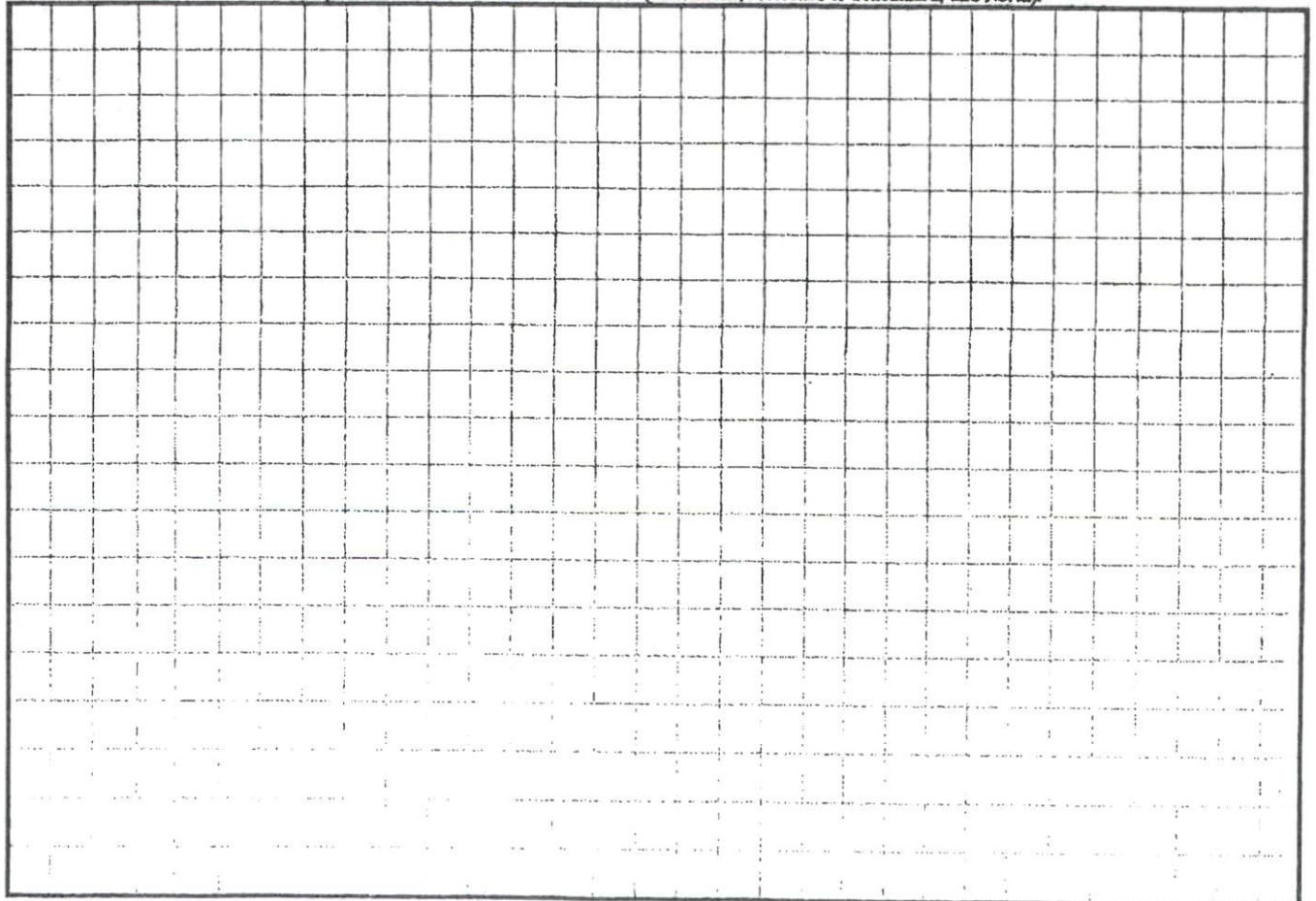
COMMENTS: _____

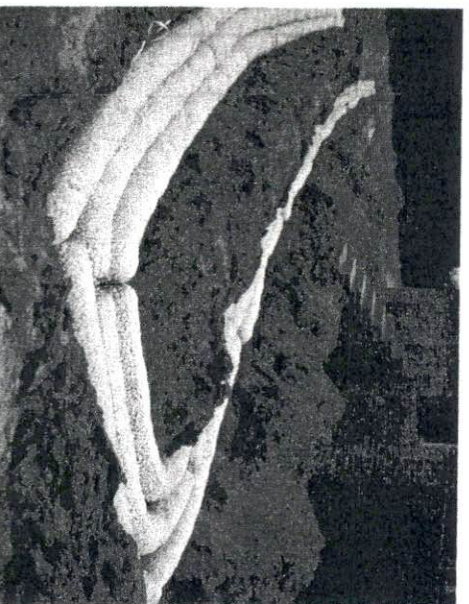
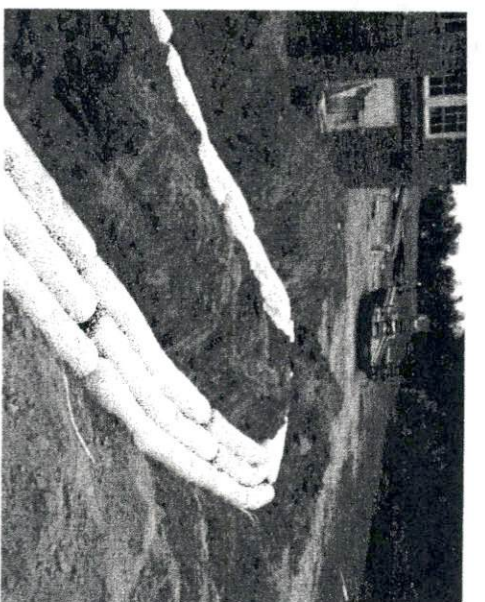
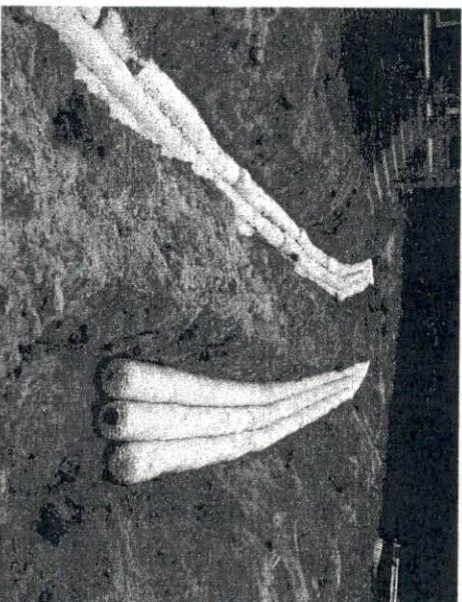
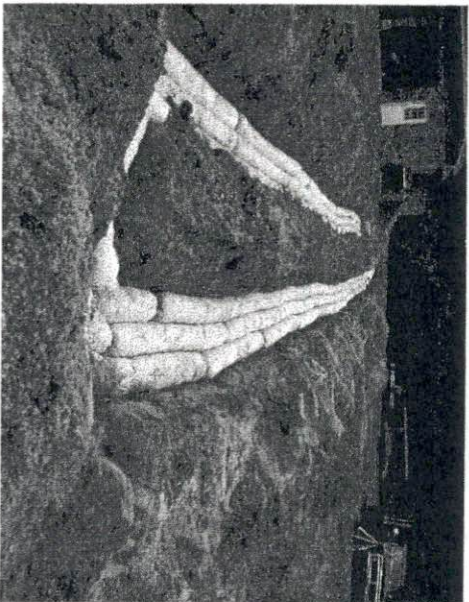
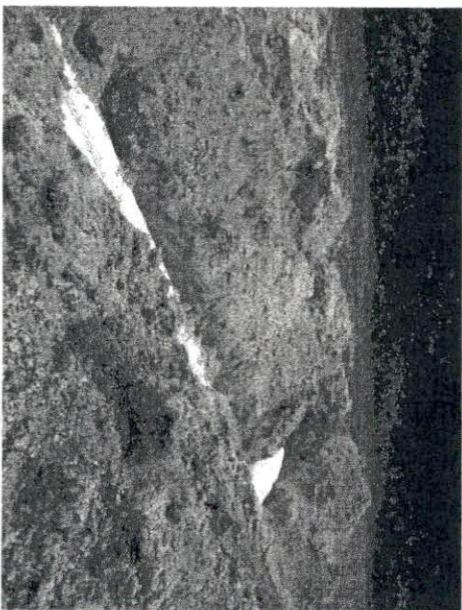
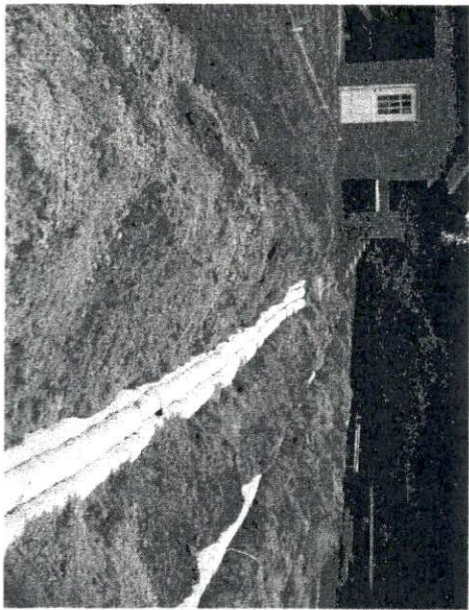
LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET		
R-RIDGE	I	S-SAND	1.2 - 0.8	VFR-VERY FRIABLE	NS-NON-STICKY		
S-SHOULDER SLOPE		LS-LOAMY SAND				FR-FRIABLE	SS-SLIGHTLY STICKY
L-LINEAR SLOPE	II	SL-SANDY LOAM	0.8 - 0.6	FI-FIRM	S-STICKY		
FS-FOOT SLOPE		L-LOAM				VFI-VERY FIRM	VS-VERY STICKY
N-NOSE SLOPE						EFI-EXTREMELY FIRM	NP-NON-PLASTIC
H-HEAD SLOPE	III	SI-SILT-	0.6 - 0.3		SP-SLIGHTLY STICKY		
CC-CONCLAVE SLOPE		SIL-SILT LOAM				P-PLASTIC	
CV-CONVEX SLOPE		CL-CLAY LOAM				VP-VERY PLASTIC	
T-TERRACE		SCL-SANDY CLAY LOAM					
FP-FLOOD PLAN		SICL-SILTY CLAY LOAM					
	IV	SIC-SILTY CLAY	0.4 - 0.1				
		C-CLAY					
		SC-SANDY CLAY					

STRUCTURE
 SG-SINGLE GRAIN
 M-MASSIVE
 CR-CRUMB
 GR-GRANULAR
 SBK-SUBANGULAR BLOCKY
 ABK-ANGULAR BLOCKY
 PL-PLATY
 PR-PRISMATIC

MINERALOGY
 SLIGHTLY EXPANSIVE
 EXPANSIVE

Show profile locations and other site features (dimensions, reference or benchmark, and North).





57M - White In Baller, Lot 24
 CAUSWAY 157
 S/C 1703 ROADWAY C/RD
 08-5-1952 3
 7-25-08
 Kenneth Wickes
 FOSTER L.

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2013 DEC 04 12:26:03
BK:3176 PG:1000-1001
FEE:\$0.00
INSTRUMENT # 2013019430
TWESTER



CERTIFICATE OF SATISFACTION

NORTH CAROLINA
COUNTY OF LEE

We, Clyde L. Patterson and Michael D. Eaker and wife, Nicole R. Eaker certify that we are the owner of the indebtedness secured by the hereafter described Deed of Trust or Mortgage and that the debt or other obligation in the amount of \$21,500.00 secured by the Deed of Trust executed by LeRoy Rowell and wife, Brenda G. Rowell, Grantor, Reginald B. Kelly, Trustee, and Clyde L. Patterson and Michael D. Eaker and wife, Nicole R. Eaker, Beneficiary, and recorded in Lee County, at Book 905, Page 181, was satisfied on 11/26/13. We request that this certificate of satisfaction be recorded and the above-referenced security instrument be cancelled of record.

This 26th day of November, 2013.

Clyde L. Patterson (SEAL)
Clyde L. Patterson
Michael D. Eaker (SEAL)
Michael D. Eaker
Nicole R. Eaker (SEAL)
Nicole R. Eaker

STATE OF NORTH CAROLINA
COUNTY OF LEE

I, Christine H. Jones, A NOTARY PUBLIC, DO HEREBY CERTIFY THAT, Clyde L. Patterson, PERSONALLY APPEARED BEFORE ME ON THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND NOTARIAL SEAL THE 2 day of December, 2013

(SEAL)
MY COMMISSION EXPIRES:
10-8-16



Christine H. Jones
NOTARY PUBLIC

STATE OF NORTH CAROLINA
COUNTY OF Lee

I, Christine H. Jones, A NOTARY PUBLIC, DO HEREBY CERTIFY THAT, Michael D. Eaker,
PERSONALLY APPEARED BEFORE ME ON THIS DAY AND ACKNOWLEDGED THE DUE
EXECUTION OF THE FOREGOING INSTRUMENT.

BY MY HAND AND NOTARIAL SEAL THE 2 day of December, 2013.



Christine H. Jones
NOTARY OF PUBLIC

EXPIRES: 10-8-16

STATE OF NORTH CAROLINA
COUNTY OF Lee

I, Randy Castleberry, A NOTARY PUBLIC, DO HEREBY CERTIFY THAT, Nicole R. Eaker,
PERSONALLY APPEARED BEFORE ME ON THIS DAY AND ACKNOWLEDGED THE DUE
EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND NOTARIAL SEAL THE 4 day of December, 2013



Randy Castleberry
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-18-2016

