

**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: bmason@lormaninc.com

OWNER NAME Black River Investments PHONE 919-207-7301

PHONE NUMBER 919-207-7301

PHYSICAL ADDRESS 3456 Meadowlark Rd Dunn

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) P.O. Box 41 Dunn NC 28335

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 type="checkbox"/> Mobile Home	<input checked="" type="checkbox"/> Stick built	<input type="checkbox"/> Other _____
Number of bedrooms <u>3</u>	<input type="checkbox"/> Basement		
Garage: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Dishwasher: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Garbage Disposal: Yes <input type="checkbox"/> No <input checked="" 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.

Bobby Mason 5-22-24
 Owner 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) 2019

Installer of system Cooper Thomas Cooper

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 Terra McNeil

3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly

4. When was the septic tank last pumped? 4-15-24 How often do you have it pumped? 6 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 _____

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?

wet spot in side yard, the line wasn't draining

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 _____

For Registration Kimberly S. Hargrove
 Register of Deeds
 Harnett County, NC
 Electronically Recorded
 2014 Jul 15 12:33 PM NC Rev Stamp \$ 0.00
 Book: 3230 Page: 145 Fee: \$ 26.00
 Instrument Number: 2014009367

HARNETT COUNTY TAX ID #
 0215180175

07-15-2014 BY: SB

Excise Tax \$ EXEMPT Recording Time, Book and Page

Tax Lot No.: _____ Parcel Identifier No.: 0030520
 Verified by: _____ County on the _____ day of _____
 By: _____

Mail after recording to BLACK RIVER INVESTMENTS

This instrument was prepared by: Mark A. Pearson, Attorney at Law/Brock & Scott, PLLC

Brief description for the Index

Lot No. 3, Section One (1), Westover Terrace

NORTH CAROLINA SPECIAL WARRANTY DEED

THIS DEED made this 12th day of June, 2014, by and between

Grantor	Grantee
Fannie Mae aka Federal National Mortgage Association	BLACK RIVER INVESTMENTS INC A NC CORPORATION
Mailing Address: P.O. Box 650043 Dallas, TX 75265-0043	Mailing Address: Post Office Box 41 Dunn, NC 28334 Property Address: 3456 Meadow Lark Road Dunn, NC 28334
<small>Enter in appropriate block for each party, name, address, and, if appropriate, character of entity, e.g. corporation or partnership.</small>	

Notice per NCGS §105-317-2: The above mentioned property is not a primary residence of the Grantor.

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 into the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Dunn, _____ Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Lot No. 3, Section One (1), as shown on that certain map by Piedmont Engineering Co entitled, "Westover Terrace - Section One," dated August 16, 1971, and recorded in Map Book 16, Page 57 of the Harnett County Registry, and being a lot 100 feet by 200 feet. For further reference see Book 535, Page 109, Harnett County Registry. This is the same lot described in the deed of Godwin Real Estate & Development Company, Inc to Dennis A. Lovin and wife, Lucille O. Lovin, dated October 1, 1974, and recorded in Book 614, Page 28, in the Registry of Harnett County.

Submitted electronically by "Matthews Law Group PC"
 in compliance with North Carolina statutes governing recordable documents
 and the terms of the submitter agreement with the Harnett County Register of Deeds.

HTE# _____

Harnett County Department of Public Health

25163

PERMIT # 30412

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 5115 Meadow Lane RD

Name: (owner) Black River Investments SUBDIVISION _____ LOT # _____

System Installer: Thomas Cooper Registration # _____

Basement with plumbing: Garage Number of Bedrooms _____

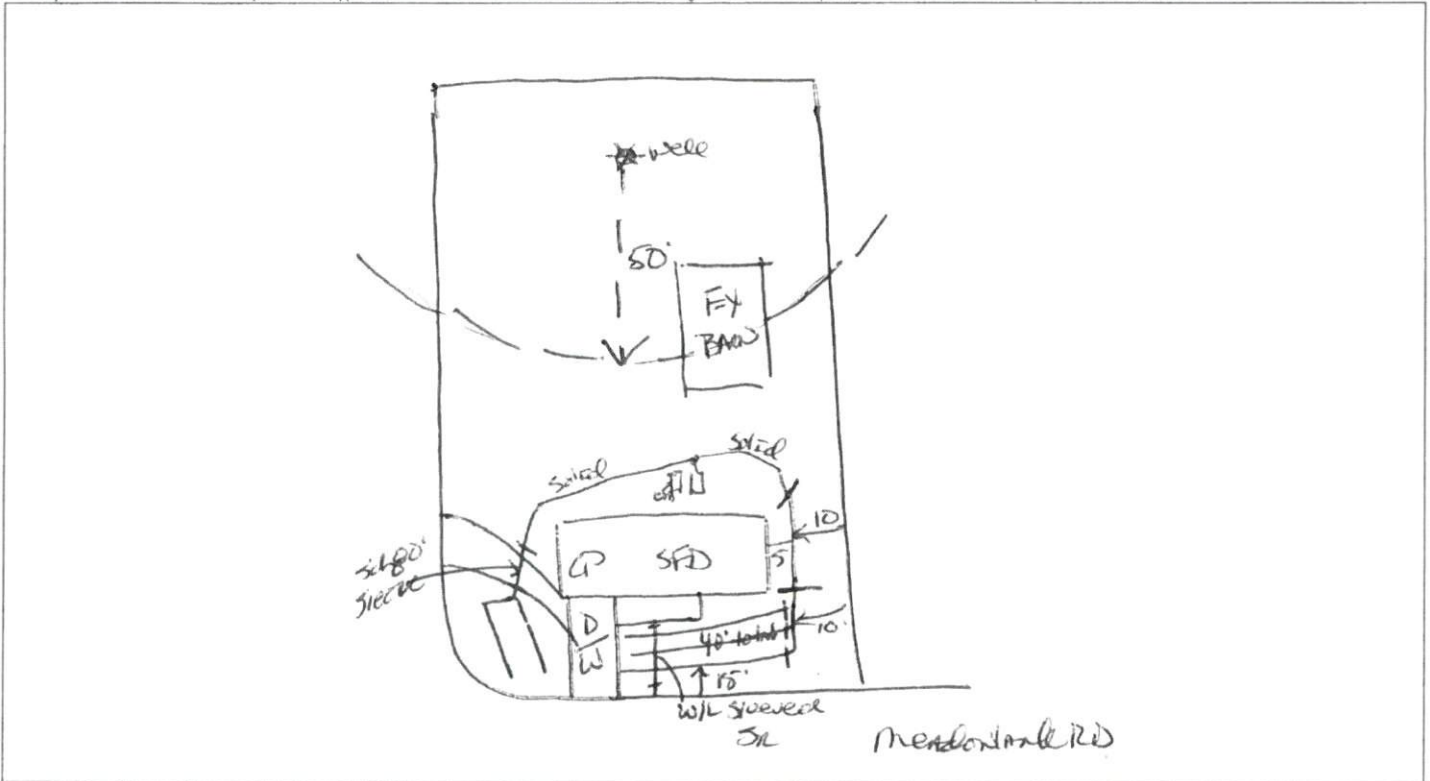
Type of Water Supply: Community Public Well Distance from well 50' feet

System Type: 2500 Reducation System - Type III B Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Charles Ruckey 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 2500 Reducation System Septic Tank: 1000 ^{new} gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 2 exact length of each ditch total 300 feet width of ditches 3 feet depth of ditches 24-18 inches

French Drain Required: _____ Linear feet UNSEEN chamber

Authorized State Agent James E. Muffee Date 4-4-19

HTE# _____

Harnett County Department of Public Health

30412

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Black River Investments PROPERTY LOCATION: 82715 Meadowlark Rd
 NEW REPAIR EXPANSION SUBDIVISION: Weston Terrace LOT # 3
 Type of Structure: Ex SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCTION
 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 50 feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Markham Date: 3-18-19 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: Black River Investments PROPERTY LOCATION: 82715 Meadowlark
 SUBDIVISION: Weston Terrace LOT # 3
 Facility Type: Ex SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% REDUCTION (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 1+1
 Pump Tank Size _____ gallons Exact length of each trench 300 ft feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Maximum Trench Depth of: 24-18 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
2 inches above pipe
12 inches total
 Conditions: Chamber MUST BE USED
Contractor to meet on site plan to install
 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. Markham Date: 3-18-19
 Construction Authorization Expiration Date: 3-18-24

HTE# _____

Permit # 30412

Harnett County Department of Public Health Site Sketch

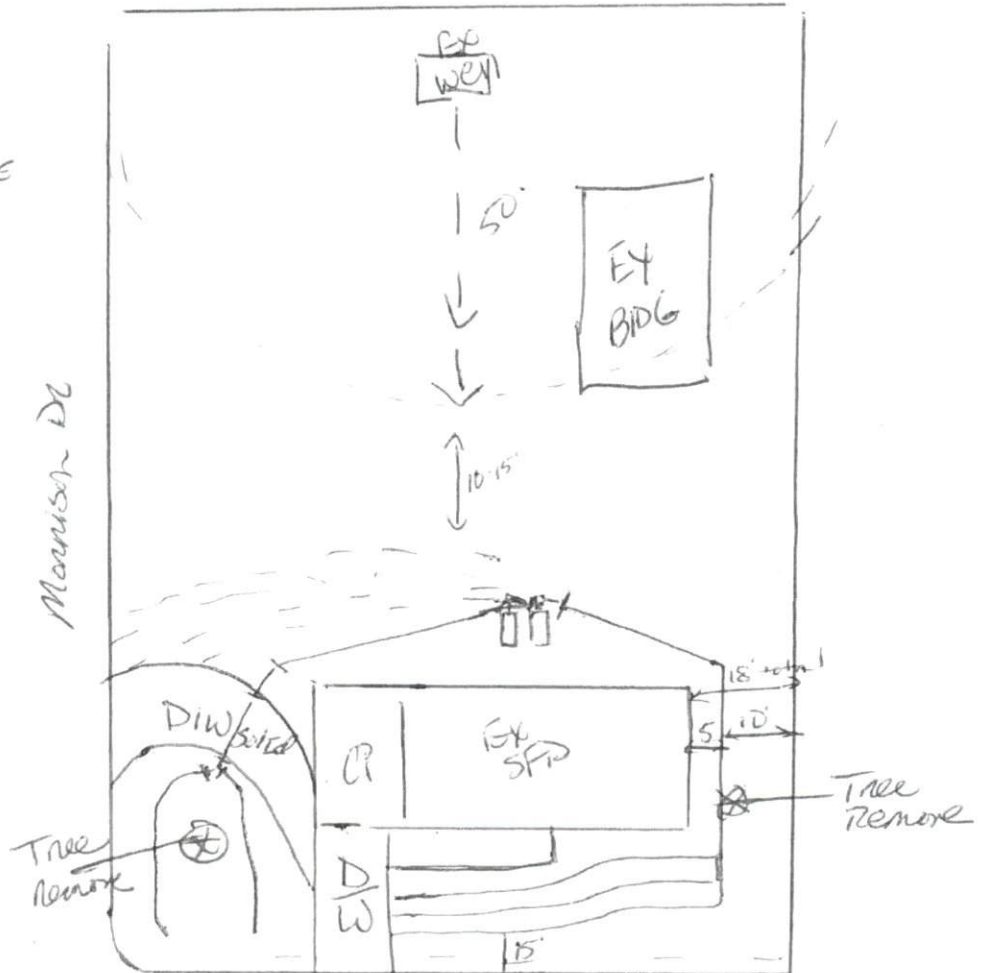
ISSUED TO: Black River Investments PROPERTY LOCATION: 521715 Meadowlark RD
SUBDIVISION: Westover Terrace LOT # 3

Authorized State Agent: James C. Manhart ^{PHS} Date: 3-18-19

* Contractor to meet onsite Prior to install!

* Chamber Product MUST BE USED!

* Multiple LINES
Branched off MAIN LINES
Chamber must be
USED.



521715 Meadowlark RD