

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:

easternseptic@gmail.com

OWNER NAME Douglas Miller PHONE 910-580-1500

PHYSICAL ADDRESS 395 Antioch Church Rd Dunn, NC 28334

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

SUBDIVISION NAME PID: 060596 0391 LOT #/TRACT # PTN: 0596 STATE RD/HWY _____ SIZE OF LOT/TRACT 4.49 Acres

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: US 4215 to Erwin. Turn R on NC 127 (34th St)
Veer L onto Antioch Church Rd to 395 on Left

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.

Douglas Miller
Owner Signature

6-7-2004
Date

Home unoccupied

"Home Unoccupied"
Previous elderly couple passed away

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 [X] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] NO

Year home was built (or year of septic tank installation) 1963
Installer of system Initial - Unknown / Repair - Tommy Coley
Septic Tank Pumper unknown
Designer of System Initial - unknown / Repair Drain Lines - Harnett Co. 10/22/2015

1. Number of people who live in house? 0 # adults 0 # children 0 # total
2. What is your average estimated daily water usage? 0 gallons/month or day 0 county water. If HCPU please give the name the bill is listed in unoccupied
3. If you have a garbage disposal, how often is it used? No [X] daily [] weekly [] monthly
4. When was the septic tank last pumped? unknown How often do you have it pumped? unknown
5. If you have a dishwasher, how often do you use it? [] daily [X] 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 [X] NO Where does it drain? _____
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [] NO If yes please list unknown
10. Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kind? unknown
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [] NO unknown
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 unknown
13. Do you have an underground lawn watering system? [] YES [X] 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 unknown
15. Are there any underground utilities on your lot? Please check all that apply:
811 has been called [] 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?
leak down test was performed + tank is leaking and needs to be replaced
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 [X] NO If Yes, please list _____

HTE# Repair
PERMIT # 28442

Harnett County Department of Public Health

23928

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 395 Antioch Church Rd.

Name: (owner) Rachel Miller SUBDIVISION _____ LOT # _____

System Installer: Tommy Coley Registration # _____

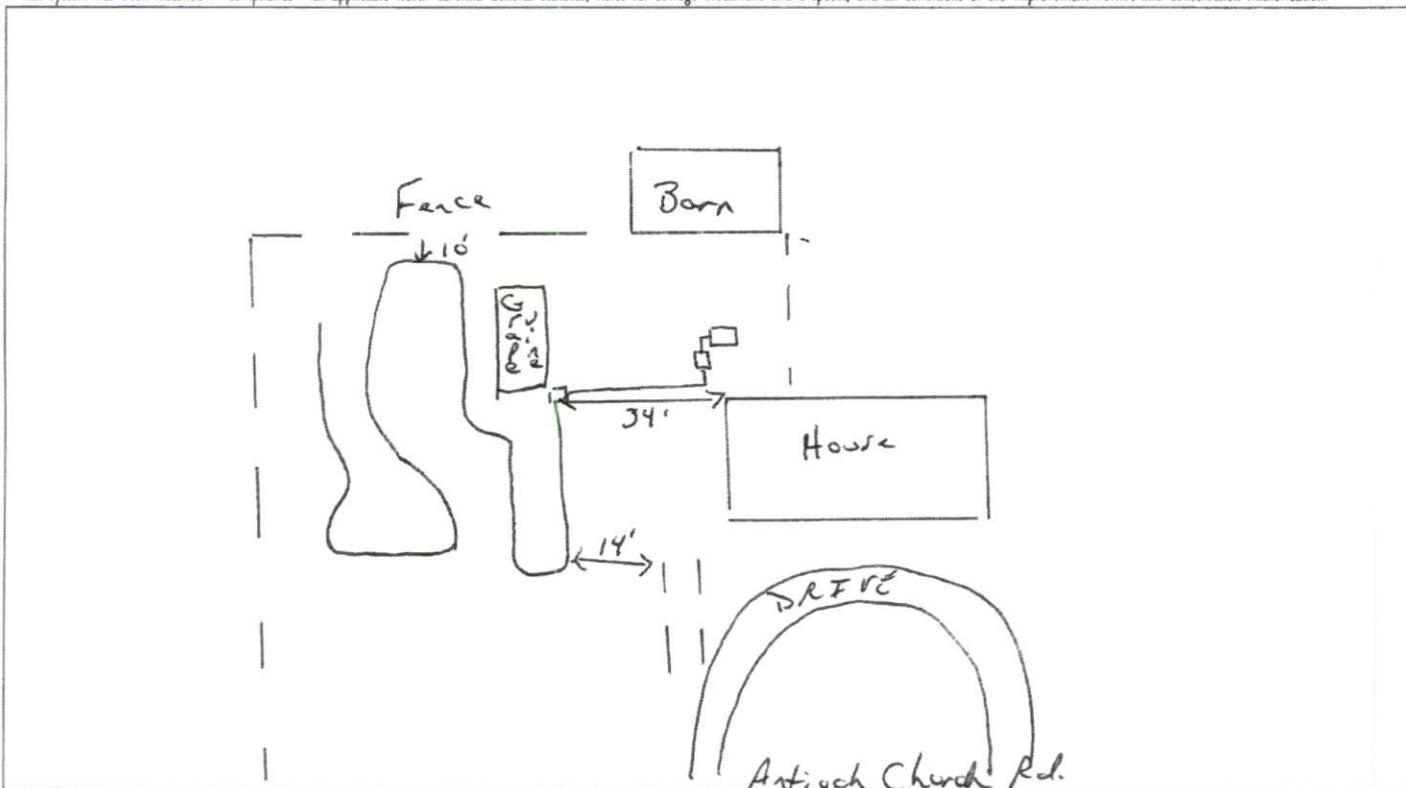
Basement with plumbing: Garage Number of Bedrooms 4

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

System Type: III b 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

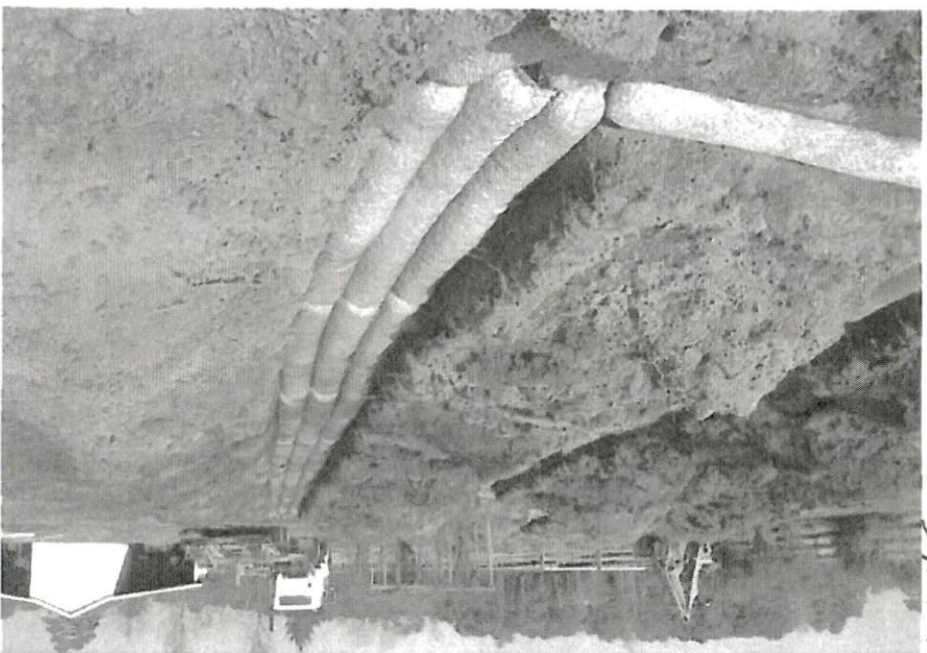
Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other Pump to EZFlow Septic Tank: Existing gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 400 feet width of ditches 3 feet depth of ditches 18-22 inches

French Drain Required: _____ Linear feet

Authorized State Agent: [Signature] Date 12/14/2015



Rachel Miller
395 Rtiokh Chund No.

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Miller Repair Antioch Church Rd 12-1-15

HTE# Repair

Harnett County Department of Public Health Improvement Permit

28442

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 395 Antioch Church Rd

ISSUED TO: Rachel Miller

SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Existing SFD

Proposed Wastewater System Type: 25% Reduction System

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 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: 30 days Five years No expiration

Permit conditions: _____

Authorized State Agent: [Signature] REHS

Date: 10/22/2015

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: Rachel Miller

PROPERTY LOCATION: 395 Antioch Church Rd

SUBDIVISION _____ LOT # _____

Facility Type: SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD

(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size Existing gallons

Pump Tank Size _____ gallons

Number of trenches 1

Exact length of each trench 400 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18.22 inches

(Trench bottoms shall be level to $\pm 1/4$ "

in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

_____ inches total

Conditions: _____

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: [Signature] REHS

Date: 10/22/2015

Construction Authorization Expiration Date: 10/22/2015

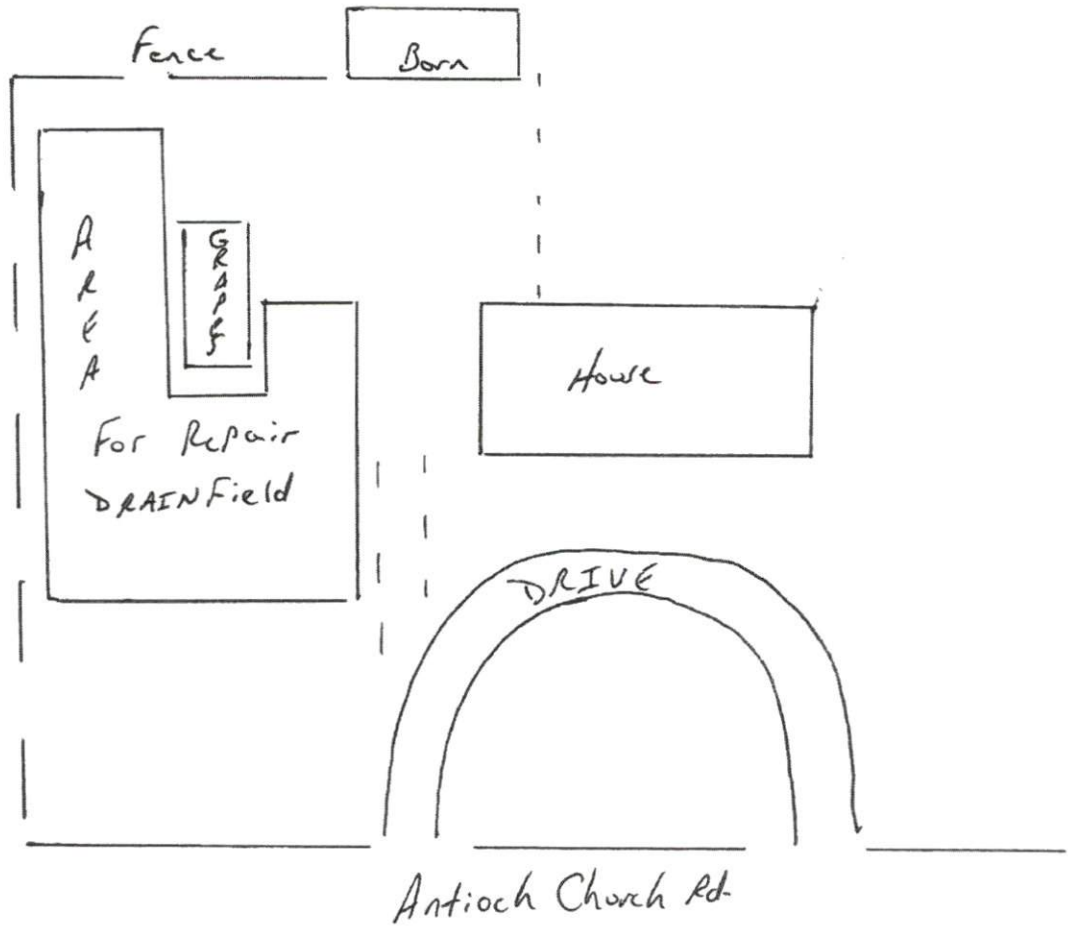
HTE# Repair

Permit # 28442

Harnett County Department of Public Health Site Sketch

ISSUED TO: Rachel Miller PROPERTY LOCATON: 395 Antioch Church rd
SUBDIVISION _____ LOT # _____

Authorized State Agent: Erin McJwin, REHS Date: 10/22/2015



Matthew S. Willis Register of Deeds
Harnett County, NC
Electronically Recorded
12/21/2023 01:51:18 PM NC Rev Stamp: \$0.00
Book: 4218 Page: 315 - 316 (2) Fee: \$26.00
Instrument Number: 2023021271

HARNETT COUNTY TAX ID #
060596 0391

12-21-2023 BY: LW

Prepared by and Return to William G. Alexander, Attorney, W.G. Alexander & Associates, PLLC,
3717 Benson Drive, Raleigh, NC 27609. (919) 256-7000. Toll Free (800) 431-8345. No title
examination was conducted by the preparer unless the same is shown by his signed opinion.
EXCISE TAX \$0.00 PARCEL: 060596 0391

NORTH CAROLINA
HARNETT COUNTY

DEED

DATE: December 21, 2023
GRANTOR: Rachel M. Miller, unmarried
ADDRESS: 395 Antioch Church Road, Dunn, NC 28334
GRANTEE: William Douglas Miller, Marvin Ray Miller, and Dennis Wayne Miller
ADDRESS: 395 Antioch Church Road, Dunn, NC 28334

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 Grantor, for estate planning purposes and for no monetary consideration, has and by these presents does hereby grant, bargain, sell and convey unto Grantees, and retains unto Grantor, **Rachel M. Miller**, a life estate, measured by the life of **Rachel M. Miller**, without any liability for waste, and with full power and authority in said life tenant to sell, convey, mortgage, lease or otherwise manage and dispose of the property described below, in fee simple, with or without consideration, without joinder of the remainderman, and with full power and authority to retain any and all proceeds generated thereby, and upon the death of **Rachel M. Miller**, the remainder, if any, to **William Douglas Miller, Marvin Ray Miller, and Dennis Wayne Miller**, Grantees, their heirs and assigns, all of Grantor's interest in that certain lot or parcel of land located in Duke Township, Hartnett County, North Carolina, and more particularly described as follows:

THAT recombined parcel containing 4.49 acres recombined as shown on map entitled "Recombination Map for Rachel Miller" by W. R. Lambert, Lambert Surveying, Inc., on July 2, 2015. Said map is recorded in Book 2015, Page 211, Harnett County Registry.

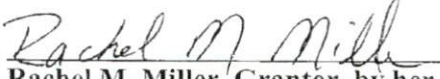
Submitted electronically by "W.G. Alexander & Associates, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

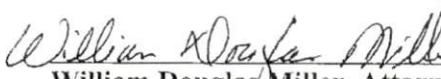
All or a portion of the property herein conveyed contains the primary residence of Grantor.

TO HAVE AND TO HOLD the aforesaid real property, together with all privileges and appurtenances thereunto belonging, unto Grantees, their heirs and assigns, in fee simple forever, subject to the following: the lien of ad valorem taxes for 2023 and subsequent years; utilities easements, restrictive covenants, and obligations now secured by deeds of trust, if any, now of record; and the terms and provisions of all applicable zoning and land use ordinances, statutes and regulations.

AND Grantor, for herself, her heirs and assigns, covenants to and with Grantees, their heirs and assigns, that Grantor is seized of the premises in fee and has the right to convey the same; that the same is free and clear from all encumbrances, except as set forth herein; and that Grantor does hereby and will forever **WARRANT** and **DEFEND** the title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, Grantor has hereunto set her and seal the day and year above written.

 (SEAL)
Rachel M. Miller, Grantor, by her
Attorney-in-Fact, William Douglas Miller

 (SEAL)
William Douglas Miller, Attorney-in-Fact
for Rachel M. Miller

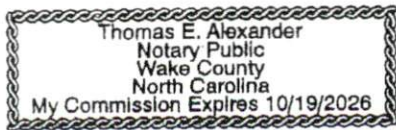
STATE OF NORTH CAROLINA

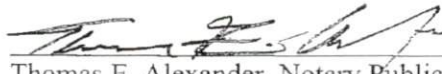
COUNTY OF WAKE

I, Thomas E. Alexander, a Notary Public for said County and State, do hereby certify that **William Douglas Miller**, attorney-in-fact for **Rachel M. Miller**, the Grantor, personally appeared before me this day, and being duly sworn, says that he executed the foregoing instrument for and in behalf of the said Rachel M. Miller, and that his authority to execute and acknowledge said instrument is contained in an instrument duly executed, acknowledged, and recorded in the Harnett County Register of Deeds Office, in the State of North Carolina, on January 17, 2023, **Book 4179, Page 2307**, and that this instrument was executed under and by virtue of the authority given by said instrument granting him power of attorney.

I do further certify that the said William Douglas Miller acknowledged the due execution of the foregoing instrument for the purposes therein expressed for and in behalf of the said Rachel M. Miller.

WITNESS my hand and official seal, this 21st day of December, 2023.



 (SEAL)
Thomas E. Alexander, Notary Public
My commission expires: October 19, 2026