

**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**

yamnitsky@hotmail.com EMAIL ADDRESS:

OWNER NAME
PHONE

Victoria Yamnitsky 781-439-8305
Eugene Yamnitsky 617-538-7693

PHYSICAL
ADDRESS

46 Comm Park Ln, Angier NC 27501

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL)

105 Oaken Pl, Apex NC 27539

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

Black River Lot #5 210
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY
SIZE OF LOT/TRACT

Type of Dwelling: ☐ Modular ☐ Mobile Home ☒ Stick built ☐
Other _____

Number of bedrooms Commercial ☐ Basement

Garage: Yes ☒ No ☐ Dishwasher: Yes ☐ No ☒ (not hooked up) Garbage
Disposal: Yes ☐ No ☒

Water Supply: ☐ Private Well ☐ Community System ☒ County

Directions from Lillington to your site:

Take 210 in the direction of Angier
downtown. The Comm park will be 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.)

Victoria Yamnitsky *VB* 6/25/25
Eugene Yamnitsky *ER* 6/25/25

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 Mohler Homes
Septic Tank Pumper _____
Designer of System _____

Commercial Use, not residential
1. Number of people who live in house? _____ # adults _____ # children
_____ # total

2. What is your average estimated daily water usage? ~100 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 N/A

4. When was the septic tank last pumped? 6/25/25 How often do you have it pumped? _____

5. If you have a dishwasher, how often do you use it? ☐ daily ☐ every other day ☐ weekly N/A

6. If you have a washing machine, how often do you use it? ☐ daily ☐ every other day ☐ weekly ☐ monthly N/A

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?

Per septic contractor (Ricky from ADR) and pumping technician the leach field is very slow taking water. Because leach field is failing, the tanks are filling fast.

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 _____

Note: The septic tank was replaced on 8/24 and pumped. Then we pumped it again on 6/25/25.

HARNETT COUNTY TAX ID#
040683 0206 15

09-13-2022 BY TC

Matthew S. Willis Register of Deeds

Harnett County, NC

Electronically Recorded

09/13/2022 12:05:56 PM

NC Rev Stamp: \$800.00

Book: 4166 Page: 1681 - 1682 (2) Fee: \$26.00

Instrument Number: 2022109310

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: **\$800.00**

Parcel Identifier No. **040683 0206 15**

Verified by _____ County on the _____ day of _____, 20____ By: _____

Mail/Box to: **Grantee**

This instrument was prepared by: **City of Oaks Law**

Brief description for the Index: **LOT#5 210 COMMERCIAL PARK MAP#2006-892**

THIS DEED made this **12** day of **September**, 20**22**, by and between

GRANTOR

Mohler Investments, LLC

a **North Carolina** limited liability company

Mailing Address:

2148 Rim Rd. Ste 104, Fayetteville, NC 28314

GRANTEE

**Victoria Yamnitsky and Eugene Yamnitsky, co-Trustees of
The Yamnitsky Living Trust, u/a/d July 18, 2021**

Mailing Address:

105 Oaken Place, Apex, NC 27539

Property Address:

46 Comm Park Ln. Angier, NC 27501

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, parcel of land or condominium unit situated in the City of **Angier**, **Black River** Township, **Harnett** County, North Carolina and more particularly described as follows:

BEING all of Lot 5, as shown upon that certain map entitled: "Subdivision Survey For 210 Commercial Park", prepared by Benton W. Dewar and Associates, Professional Land Surveyor, dated August 7, 2006, and recorded in Map #2006-892, Harnett County Registry, reference to which is hereby made for greater certainty of description.

Property Address: 46 Comm Park Ln. Angier, NC 27501

The property hereinabove described was acquired by Grantor by instrument recorded in Book **3651** Page **0308**.
All or a portion of the property herein conveyed _____ includes or **X** does not include the primary residence of a Grantor.
A map showing the above described property is recorded in Map Book **2006** Page **892**.

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, other than the following exceptions:

Ad valorem taxes for the current year; utility easements and unviolated covenants, conditions or restrictions that do not materially affect the value of the property

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

Mohler Investments, LLC

By: *Lorraine M. Mohler*

Lorraine M. Mohler

Title: Manager

STATE OF NORTH CAROLINA

COUNTY OF Cumberland

I, a Notary Public of the County and State aforesaid, certify that Lorraine M. Mohler **Manager** of Mohler Investments, LLC personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed as the act and deed of Grantor.

Witness my hand and Notarial stamp or seal this 12 day of September, 2022

Crisie F Burks

Notary's Official Signature

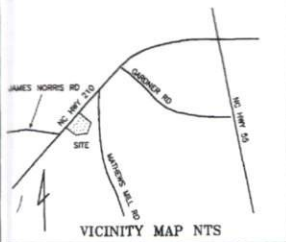
(Official Seal)

CRISSIE F BURKS
Notary Public
Cumberland County, NC

Crisie F Burks

Notary's Printed/Typed Name, Notary Public

My Commission Expires: 6-24-2024



CURVE	RADIUS	LENGTH	DELTA	CHORD	CH. BEARING
C-1	25.00'	40.29'	92°20'11"	36.07'	S 06°59'11"E
C-2	25.00'	21.03'	48°11'23"	20.41'	S 77°14'57"E
C-3	50.00'	65.41'	74°57'06"	60.84'	S 63°52'06"E
C-4	50.00'	47.09'	53°57'51"	45.37'	S 00°35'23"W
C-5	50.00'	35.76'	40°58'29"	35.00'	S 48°03'33"W
C-6	50.00'	36.88'	42°02'49"	35.88'	S 82°34'11"W
C-7	50.00'	56.24'	64°26'31"	53.32'	N 37°11'09"W
C-8	25.00'	21.03'	48°11'23"	20.41'	N 29°03'35"W
C-9	25.00'	38.22'	87°35'24"	34.60'	S 83°03'02"W

CERTIFICATE OF OWNERSHIP AND DEDICATION

I, hereby certify that I am the owner of the property shown and described herein, which is located in the subdivision jurisdiction of the Town of Angier and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines, and dedicate all streets, alleys, parks, and other sites and easements to public or private use as noted. Furthermore, I hereby dedicate all sanitary sewer, storm sewer, and water lines to the Town of Angier.

DATE: 3/4/10 OWNER: James C. Matthews

ANGIER TOWN CODE

I, hereby certify that the subdivision plot shown herein has been found to comply with the Subdivision Regulations of the Town of Angier, North Carolina, and that this plot has been approved by the Angier Town Planning Board for recording in the Office of the Register of Deeds of Harnett County.

Chairman of the Planning Board
Angier, North Carolina

MAP #2002-1391

- LEGEND**
- CMS - CONCRETE MONUMENT SET
 - ECM - EXISTING CONCRETE MONUMENT
 - EIP - EXISTING IRON PIPE
 - EIS - EXISTING IRON STAKE
 - ERS - EXISTING RAILROAD SPIKE
 - EPK - EXISTING PK NAIL
 - EN - EXISTING NAIL
 - IPS - IRON PIPE SET
 - ISS - IRON STAKE SET
 - RSS - RAILROAD SPIKE SET
 - NS - NAIL SET
 - R/W - RIGHT OF WAY
 - D.B. - DEED BOOK
 - B.M. - BOOK OF MAPS
 - CL - CENTERLINE
 - MBSL - MINIMUM BUILDING SETBACK LIMIT
 - SB - SETBACK
 - EP - EDGE OF PAVEMENT
 - BC - BACK OF CURB
 - WH - MANHOLE
 - UP - UTILITY POLE

NOTES

AREA BY COORDINATES
IRON PIPE SET AT ALL NEW LOT CORNERS
THIS PROPERTY IS LOCATED WITHIN THE TOWN OF ANGIER'S SUBDIVISION JURISDICTION. PROPERTY SUBJECT TO ABOVE AND BELOW GROUND UTILITIES.

THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD AREA PER F.E.M.A. MAP #370800000 D EFF. DATE: 4/16/90 ZONE X

REFERENCES

MAP #2002-1391
MAP #2002-397
MAP #2002-431
D.B. 1300 PG. 893
OTHERS AS SHOWN

NGCS MON. "HOLLY"
N - 834,145.438
E - 2,070,915.077
NAD 83 IN FEET

REVIEW OFFICER'S CERTIFICATE
STATE OF NORTH CAROLINA
COUNTY OF Harnett

I, Kelli H. Dewar, REVIEW OFFICER OF Harnett COUNTY/TOWN, CERTIFY THAT THE MAP OR PLAN TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

Kelli H. Dewar
REVIEW OFFICER
10-12-06
DATE

I, BENTON W. DEWAR, PROFESSIONAL LAND SURVEYOR NO. 3040, CERTIFY: THAT THIS PLAN IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND, THAT IS REGULATED BY COUNTY OR MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.

Benton W. Dewar
BENTON W. DEWAR, NCPLS - 3040

I, BENTON W. DEWAR CERTIFY THAT THIS PLAN WAS DRAWN UNDER MY SUPERVISION, THAT THE RATIO OF PRECISION IS 1:20,000, THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK PAGE THAT THIS PLAN WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE REGISTRATION NUMBER AND SEAL THIS 23 DAY OF April 20 06.

Benton W. Dewar
BENTON W. DEWAR, NCPLS - 3040



THE LOT(S) ON THIS PLAN HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT, BASED ON THIS REVIEW, IT APPEARS THAT THE LOT(S) ON THIS PLAN MEET APPROPRIATE REGULATIONS. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE APPROPRIATE HARNETT COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE AND SPRING IN ACCORDANCE WITH HARNETT COUNTY ORDINANCE IN FORCE AT THE TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL OF A PERMIT-TOWARD SET.

DATE: 3/27/06 ENVIRONMENTAL HEALTH

HARNETT COUNTY, N.C.

FILED DATE 10-12-06 TIME 3:50 P.M.

MAP BOOK 2006-892

REGISTER OF DEEDS

Chandra M. Kiser

BY: Chandra M. Kiser DEPUTY

SUBDIVISION SURVEY FOR

210 COMMERCIAL PARK

OWNER: R.D.D. LLC.

LOT 1R OF MAP #2002-1391
TOWN OF ANGIER
BLACK RIVER TOWNSHIP
HARNETT COUNTY - NORTH CAROLINA
SCALE: 1" = 60' AUGUST 7, 2006
ZONED HD

GRAPHIC SCALE - FEET

BENTON W. DEWAR AND ASSOCIATES
PROFESSIONAL LAND SURVEYOR
5920 HONEYCUTT ROAD
HOLLY SPRINGS, NC 27540
PH. # (919)-552-9813

06-38L
LAYER 4
(RECORD/ISS/890)

MAP # 2006-892

HTE# B00M1840-00012

Harnett County Department of Public Health

25685

PERMIT # 30265

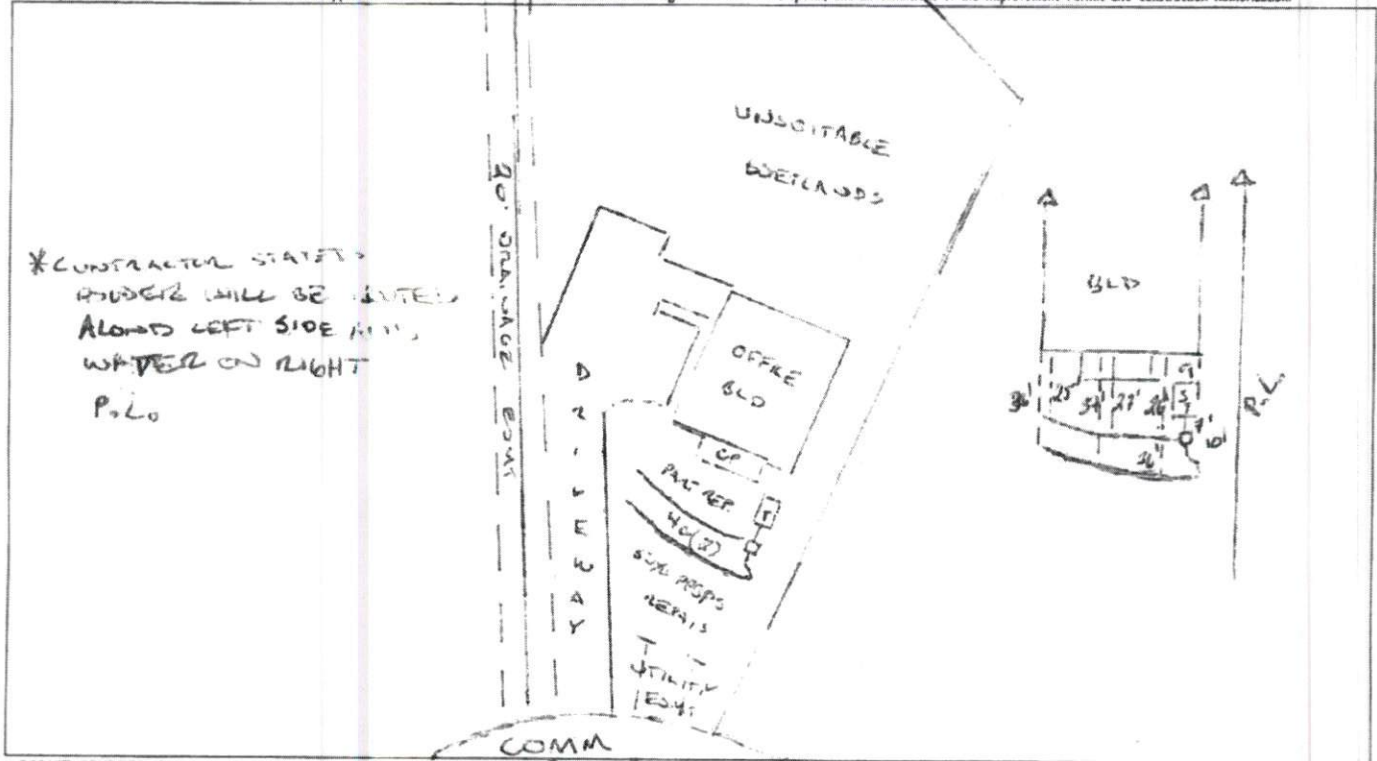
Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION: 46 COMM PARK LN. (US 210 N.)Name: (owner) Mohler Invest. LLC SUBDIVISION 210 COMM PARK LOT # 5System Installer: Ricky Holland Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms NA 125 GPD MAX 5 EMPLOYEESType of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well NA feet MAXSystem Type: 25% Reduction Sys. IIIg 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 4 Chamber IIIg Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 40 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature]Date 08/02/2019

HTE# BCOM 1816-00012 Harnett County Department of Public Health

30263

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Mohler Invest, LLC PROPERTY LOCATION: 46 Comm Park Ln. (US 210 N.)
NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION: 210 Comm Park LOT # 5
Type of Structure: 65' x 44' Office Bld Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: 25% Red. Sys.
Projected Daily Flow: 125 GPD 5 Employee max
Number of bedrooms: NA Number of Occupants: NA 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 NA feet Permit valid for: ☒ Five years
Permit conditions: _____ ☐ No expiration

Authorized State Agent: [Signature] Date: 10/30/2018 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: Mohler Invest, LLC PROPERTY LOCATION: 46 Comm Park Ln (US 210 N.)
SUBDIVISION 210 Comm Park LOT # 5
Facility Type: 65' x 44' Office Bld ☒ New ☐ Expansion ☐ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No
Type of Wastewater System** 25% Reduction system (Initial) Wastewater Flow: 125 GPD
(See note below, if applicable ☐) 50% PPOPS Sys. (Repair) 5 Employee MAX
Installation Requirements/Conditions
Septic Tank Size 1000 gallons Number of trenches 2
Exact length of each trench 40 feet Trench Spacing: 9 Feet on Center
Pump Tank Size _____ gallons Trenches shall be installed on contour at a
Maximum Trench Depth of: 24 inches Soil Cover: 12 inches
(Trench bottoms shall be level to +/- 1/4" (Maximum soil cover shall not exceed 36" above the trench bottom)
in all directions)
Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: NA inches below pipe
Conditions: 15FT Drainage Easement Setback; tight install NA inches above pipe
NA inches total

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] Date: 10/30/2018
ANDREW WILKIN Construction Authorization Expiration Date: 10/30/2023

HTE# BCOM1810-00012

Permit # 30263

Harnett County Department of Public Health Site Sketch

ISSUED TO: Mohler Inst. LLC PROPERTY LOCATION: 46 COMM PARK LN. (DSDION.)
SUBDIVISION 210 COMM PARK LOT # 5

Authorized State Agent: ANDREW WARRIN Date: 10/30/2018

*125 GPD MAX
* 5 EMPLOYER MAX



Harnett County Department of Public Health

PERMIT # EH24080006

Operation Permit

☐ New Installation ☒ Septic Tank ☐ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: Hwy 210 - 46 Corner Park LnName: (owner) Victoria Yarnwitsky

SUBDIVISION _____

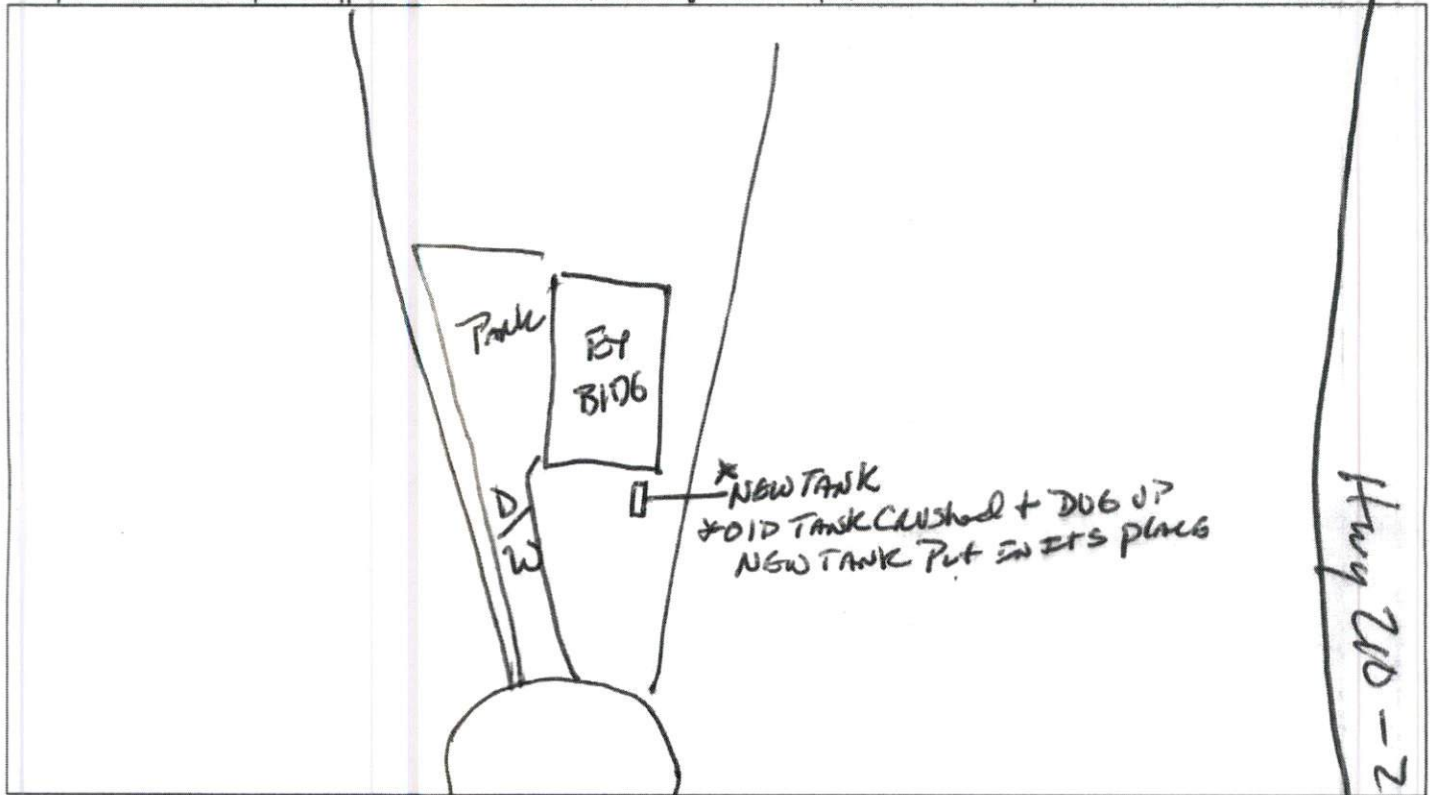
LOT # _____

System Installer: Ricky Noto ASRBasement with plumbing: ☐ Garage ☐ Number of 620 125Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: Tank Replacement 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 Tank Replacement Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature]Date 8-20-24

Harnett County Environmental Health

File/Permit Number: EH2408-0006

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: _____

Owner: _____

Applicant: VELDIA YAMALITSKY

Property Location: 46 Camm Park Ln Angier N.C. 27501

Facility Type: EX BLDG

Number of bedrooms: 3 Number of Occupants: _____ Other: 125 GPD

☐ New ☐ Expansion ☒ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☐ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* _____ (Initial) TANK Replacement (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 125 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: _____ feet Trench/Bed Spacing: _____ feet on center

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft² Usable Depth to LC (Initial)*: _____ ^{Limiting condition}

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth*: _____ inches ^{* Measured on the downhill side of the trench}

Pump Tank Size (if applicable): _____ gallons Requires more than one pump? ☐ Yes ☐ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☐ Serial ☒ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☐ If yes, please specify details: _____

Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ☐ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☐ No

Declaration of Restrictive Covenants: ☐ Yes ☐ No Pre-Construction Conference Required: Yes ☐ No ☐

Management Entity Required: ☐ Yes ☐ No Minimum O&M Requirements: _____

Conditions:

TANK Replacement.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: JAMES E. MASHAN

Authorized Agent's Signature: James E. Mashan

Expiration Date: 8-9-25

Date: 8-9-24

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number EH 2408-0006

Victoria Yarnitsky

Applicant's Name

210 Comm Park Lot 5

Subdivision/Section/Lot Number

8-9-24

James E. Marshall
Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = _____

