

WORK COPY

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 CORNELIUS HARNETT BLVD.
LILLINGTON, NC 27546
910-893-7547 PHONE
910-893-9371 FAX

Ref:
HTE# 09-5-21770

APPLICATION FOR REPAIR

Fax 919-776-1981 Existing Tank Letter

Albert C. Adcock

office- 919-774-9582, cell- 919-775-
PHONE # (HOME) PHONE # (WORK/CELL) 9782

NAME

P.O. Box 3367, Sanford, NC 27330

* Field Rep: Paul Utley

ADDRESS

MAILING ADDRESS IF DIFFERS

N/A

919-499-3094*

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

Mason Hill

Lot #10 (262 Mason Hill Lane) 0.50 acre

SUBDIVISION NAME

LOT #

STATE RD NAME & #

SIZE OF LOT OR TRACT

Type of dwelling Modular Mobile Home Stick built Other

Number of bedrooms 1 2 3 4 or more Basement Other

Garage Yes No

Dishwasher Yes No

Garbage Disposal Yes No

Water Supply: Private Well

Community System

County

Directions from Lillington to your site: Highway #421 west from Lillington to Cool Springs

Road East; take right onto Cool Springs Road East; subdivision is appr. one mile on

right, site is on right side of Mason Hill 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" (not your house) must be attached to this application along with a site plan showing (a) location of dwelling (b) location of driveway (c) location of any wells and other existing structures.
2. The outlet end of the tank and distribution box will need to be uncovered and property lines marked. After the tank is uncovered, property lines are marked and orange sign has been placed, you will need to call us at 910-893-7547 to let Environmental Health know that your site is ready for evaluation.
3. The system must be repaired within 30 days or the time set within receipt of a violation letter.

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 change.

Lidi R. Canady
Signature

4-15-09

Date

4/16/09 S

Installer of system _____
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? ^{Unknown- mobile home to be moved to site and sold or rented} _____ # adults _____ # children _____ # total
2. What is your average estimated daily water usage? _____ gallons/month or day _____ county water
If HCPU please give the name that the water bill is listed in? _____
3. If you have a garbage disposal, how often is 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 family using long term prescription drug(s), 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
If yes, what kind? _____
12. Have you installed any water fixtures since your system has been installed? [] YES [] NO If yes, please list
any additions including any spas, whirlpools, 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 your initial move, such a roof, gutter drains, basement
foundation drains, landscaping, etc? [] YES [] NO If yes, please list _____
15. Are there any underground utilities on your lot? [] YES [] NO
Please check all that apply [] Power [] Phone [] Cable [] Gas [] Water
16. Describe what is happening when you have problems with your septic system and when was it first
noticed. Previous owner damaged existing system when mobile home was removed
from site. Oliver Tolksdorf requested we submit Application for Repair to
determine how to handle repair/new system so that a different mobile home can
be moved to the site and prepared for occupancy (sale or rental).
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains,
household guests)? [] YES [] NO If yes, please list _____

THE ADCOCK COMPANIES

P.O. Box 3367, Sanford, NC 27330
 Fax: (919) 776-1981
 E-Mail: appraisal@wave-net.net

Adcock Appraisals, Inc.
 1103 S. Horner Blvd.
 Sanford, NC 27330
 Phone (919) 774-9582

San-Lee Builders, Inc.
 1103 S. Horner Blvd.
 Sanford, NC 27330
 Phone (919) 775-5429

Adcock Rental Management, Inc.
 1111 S. Horner Blvd.
 Sanford, NC 27330
 Phone (919) 774-6046

Homestead, Inc.
 1103 S. Horner Blvd.
 Sanford, NC 27330
 Phone (919) 774-9582

ACA/PJA, LLC
 1103 S. Horner Blvd.
 Sanford, NC 27330
 Phone (919) 774-9582

Security Maintenance & Repair, Inc.
 912 Fields Drive
 Sanford, NC 27330
 Phone (919) 775-2376

Date: 4-15-09
 To: Harnett Co. Health Dept.
 From: Vicki Cannady for Albert C. Adcock
 Re: _____

Sending 3 pages (including this cover page)

IF YOU DO NOT RECEIVE THIS NUMBER OF PAGES OR IF THERE ARE
 PROBLEMS WITH THE TRANSMISSION, PLEASE CALL 919-774-9582
 AND ASK FOR me

Comments:

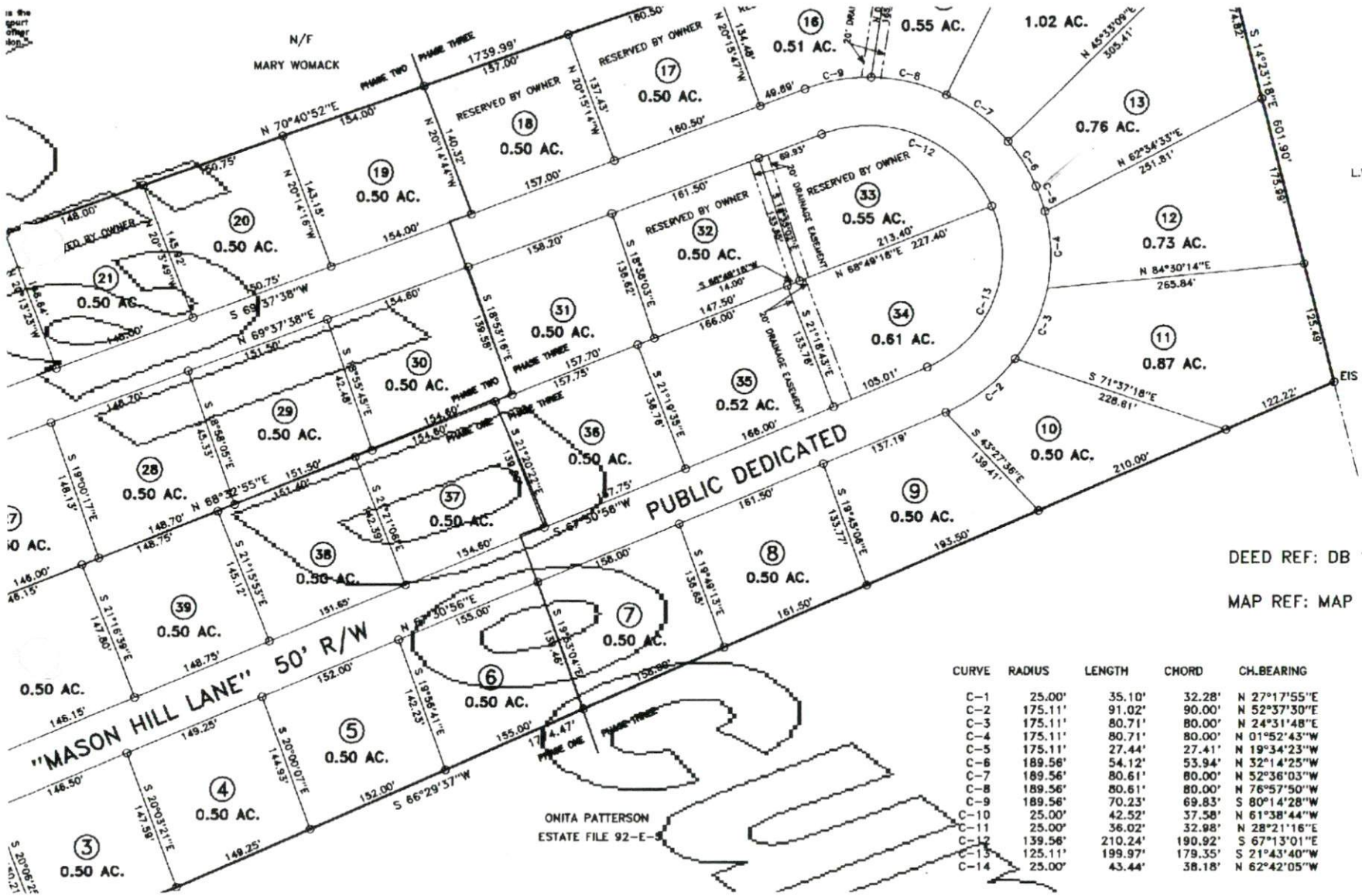
Per my phone call today with
 Oliver Jeksdorf, please contact
 P. Utley (919-499-3094) for
 inspection & requirements.
 Thanks! Vicki Cannady

denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership change.

Vicki R Cannady

4-15-09

is the part of other map



N/F
L.W. CUMMINGS

DEED REF: DB 1390, PG 177

MAP REF: MAP NO. 2000-56A

CURVE	RADIUS	LENGTH	CHORD	CH. BEARING
C-1	25.00'	35.10'	32.28'	N 27°17'55"E
C-2	175.11'	91.02'	90.00'	N 52°37'30"E
C-3	175.11'	80.71'	80.00'	N 24°31'48"E
C-4	175.11'	80.71'	80.00'	N 01°52'43"W
C-5	175.11'	27.44'	27.41'	N 19°34'23"W
C-6	189.56'	54.12'	53.94'	N 32°14'25"W
C-7	189.56'	80.61'	80.00'	N 52°36'03"W
C-8	189.56'	80.61'	80.00'	N 76°57'50"W
C-9	189.56'	70.23'	69.83'	S 80°14'28"W
C-10	25.00'	42.52'	37.58'	N 61°38'44"W
C-11	25.00'	36.02'	32.98'	N 28°21'16"E
C-12	139.56'	210.24'	190.92'	S 67°13'01"E
C-13	125.11'	199.97'	179.35'	S 21°43'40"W
C-14	25.00'	43.44'	38.18'	N 62°42'05"W

ONITA PATTERSON
ESTATE FILE 92-E-5

OPERATIONS PERMIT

Name: (owner) Mike Ray New Installation Septic Tank
 Property Location: SR# 1265 Repairs Nitrification Line
 Subdivision Mason Hill Lot # 10
 TAX ID# _____ Quadrant # _____
 Contractor: Mike Ray Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

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

Type of system: Conventional Other _____

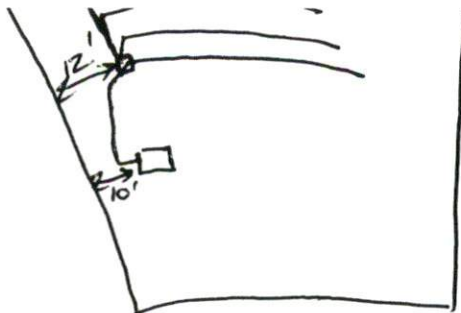
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of 5 exact length 80 width of 3 depth of 14
ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain: _____ Linear feet

PERMIT NO. 17273

Date: 27 April 2000
Inspected by: Vincent R. Day
Environmental Health Specialist



11000-111
 Tank Info
 BTS-1000
 STB-103
 Polylok filter

Land Use #
011242

HARNETT COUNTY HEALTH DEPARTMENT

No 17273

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Mike Ray New Installation Septic Tank
Property Location: SR# 1265 Repairs Nitrification Line

Subdivision Mason Hill Lot # 10

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .50ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

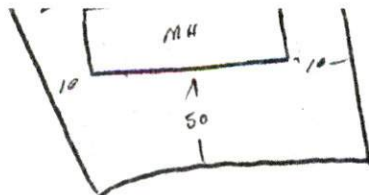
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12-14 in.

French Drain Required: _____ Linear feet

Date: 2-14-00

This permit is subject to revocation if site plans or intended use change.

Signed: Thomas J. Bean D.S.
Environmental Health Specialist



RJ