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: _ di | weas 450 yahos.com | |
|--|--|---|--|--|
| NAME DONALD S. W | | | 10-814-2616 | |
| PHYSICAL ADDRESS 31 UNI | ON CIRCLE, | LILLINGTON, NO | 27546 | |
| MAILING ADDRESS (IF DIFFFERENT | | | | |
| IF RENTING, LEASING, ETC., LIST PR | OPERTY OWNER NAME | | | |
| WOODSHIRE | 93 | | 1 | |
| SUBDIVISION NAME | LOT #/TRACT # | STATE RD/HWY | SIZE OF LOT/TRACT | |
| Type of Dwelling: [] Modular | [] Mobile Home | [] Stick built [] Other | | |
| Number of bedrooms 1 |] Basement | | | |
| Garage: Yes[]No[] | Dishwasher: Yes [] |] No [] | Garbage Disposal: Yes [] No [] | |
| Water Supply: [] Private Well | [] Community Syste | em D County | | |
| Directions from Lillington to your si | te: Hwy 2 | 7 TO ANDERSON | CREEK, LEFT ON | |
| NORSERY Rd, L | EFT ONTO | LEMDEL BLACK T | 3d. LEFT ONTO | |
| WOODSHIRE, LEFT | | | | |
| UNION CIRCLE, F | YRST HOUSE | ON LEFT # 3 | 18 | |
| In order for Environmental Healt | h to help you with your re | epair, you will need to comp | bly by completing the following: | |
| 1. A surveyed and recorded r | nap" and "deed to your pro | perty" must be attached to this | s application. Please inform us of any | |
| wells on the property by sho | owing on your survey map. | | | |
| 2. The outlet end of the tank a | nd the distribution box will | need to be uncovered and prop | erty lines flagged. After the tank is | |
| us at 910-893-7547 to confi | agged, underground utilities | marked, and the orange sign h | as 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.) | , | improvement remit of the th | me set within receipt of a violation | |
| By signing below, I certify that all of the denial of the permit. The permit | the above information is co is subject to revocation if the | orrect to the best of my knowle he site plan, intended use, or o | edge. False information will result in www.ership changes. | |
| | | | | |

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) |
| Number of people who live in house? |
| 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? MAC 2018 How often do you have it pumped? EVELY 2 10.5 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 MESICATIONS FOR PAIN PTSD. 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 Butter System 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? WATER POOUNG IN BACK YARD & AT SITE OF CEPTIC TANK |

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 DCCVRLING

WICE FIBRUARY — HAS BEEN DEANED TWICE &

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM Sheet: Property ID Lot #: File #: Code:

| Owner: | Applicant: | | | |
|--------------------|------------------------------|----------------|-------|--|
| Address: | Date Evaluated: | | | |
| Proposed Facility: | Design Flow (.1949): | Property Size: | | |
| Location of Site: | Property Recorded: | | | |
| Water Supply: | Public Individual Well | ☐ Spring | Other | |
| Evaluation Method | : Auger Boring Pit Cut | | | |
| Type of Wastewate | r: Sewage Industrial Process | ☐ Mixed | | |
| | | ☐ Mixed | | |

| P R O F I | .1940 | | SOIL MO | PRPHOLOGY 1941 | | OTHER PROFILE FACTOR | .s | | |
|-----------------------|-----------------------------------|---------------------------|--------------------------------|------------------------------------|------------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|
| L E # | Landscape Position/ Slope % | Horizon Depth (In.) | .1941 Structure/ Texture | .1941 Consistence Mineralogy | .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
| ١ | 7-10 | 0-48 | ζς | ארנו הבת | | | | | 5.8 |
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| Description | Initial | Repair System | Other Factors (.1946): |
|-------------------------|---------|---------------|------------------------------|
| | System | | Site Classification (.1948): |
| Available Space (.1945) | | Y | Evaluated By: |
| System Type(s) | | 323° UD | Others Present: |
| Site LTAR | | 8. | |

COMMENTS: ____

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

IV SIC-SILTY CLAY 0.4 - 0.1 C-CLAY

SC-SANDY CLAY

MINERALOGY

SLIGHTLY EXPANSIVE

CR-CRUMB

GR-GRANULAR

SG-SINGLE GRAIN

SBK-SUBANGULAR BLOCKY

ABK-ANGULAR BLOCKY

PL-PLATY

PR-PRISMATIC

STRUCTURE

M- MASSIVE

EXPANSIVE

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



HTE# <u>04-5-110</u>63

RNETT COUNTY HEALTH DEP TO E RONMENTAL HEALTH SECTION

17625

OPERATIONS PERMIT

| Name: (owner) CAune) Land New Installation Septic Tank Repair |
|--|
| Property Location: SR# 1117 Subdivision Lot # 93 Tax ID # Quadrant # |
| Contractor: 0.C.CAnten Registration # |
| Basement with Plumbing: Garage: |
| Water Supply: Well Public Community Distance From Well: ft. |
| Following are the specifications for the sewage disposal system on above captioned property. |
| Type of system: \(\text{Conventional } \text{Other } \(\alpha \) \(\frac{1}{2} \) \(\left \) \(\left \) \(\frac{1}{2} \) \(\left \) \(\left \) \(\frac{1}{2} \) \(\left \) \(\l |
| Size of tank: Septic Tank: gallons Pump Tank: gallons |
| Subsurface No. of exact length of each ditch of each ditch ft. depth of ditches ft. ditches ft. ditches ft. ditches ft. ditches ft. ditches ft. |
| PERMIT NO. 21517 Inspected by: |
| Main Decided to the second of |

HARN T COUNTY HEALTH DEPARTMENT PERMI. 21517

| tio fro | Be it ordained by the Harnett County Board of Health as follows: on of any building at which a septic tank system is to be used for disposal om the Harnett County Health Department." | of sewage without first obt | aining a written normit |
|------------|--|-----------------------------|--------------------------|
| N | ame: (owner) CAUNCSS Qo | | a written permit |
| Pr | ame: (owner) CAUNCSS LAND coperty Location: SR# | _ New Installation | Septic Tank |
| | | _ □ Repairs | Nitrification Line |
| Su | x ID #_ | Lot # | 93 |
| 1a | X ID # | Quadrant # | 15 |
| Nu Do | x ID # | ze: 635AC | |
| | C. Latade, 17 | | |
| Dis | stance From Well:ft. | | |
| Fol | llowing is the minimum specifications for sewage disposal sys | stem on above captione | d property. Subject |
| Typ | be of system: Conventional Sother 25% | Reduction Sout | |
| DIZ | Septic Tank: 1959 gallons Pump T | Tank: gallons | 4.1 |
| | No. of exact length | | anth of |
| | inage Field ditches of each ditch \(\sum_{SO} \) ft. | ditches 3 ft. d | epth of itches 18-24 in. |
| Fren | nch Drain Required:Linear feet 7 25% Red | lution System | |
| | Date: | 01-19-05 | |
| This | s permit is subject to revocation if site s or intended use change. Signed: | Qu Wel | - |
| Piun | 13 of intended use change. | Environmental Heal | th Specialist |
| | i i | 1 | - Specialist |
| | 19' | 110 | |
| | 100 | | |
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| mile | , | | \ }- |
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| | 31 | | -7 |
| | DRNE | | |
| | 150 | | |
| | STUB Out Plumbing shallow | | |
| | Maintain All Set Backs | | |
| | | | |
| | Meet ons. to if any problems ARISE. | | |
| | | | |



NOV 28 09:55.48 AM BK:2450 PG:308-310 FEE:\$17 00 HARNETT COUNTY TAX ID# NC REV STAMP:\$423.00 INSTRUMENT # 2007020963

NORTH CAROLINA GENERAL WARRANTY DEED

Venfied By

Prepared by / Return to

844FH07

Excise Tax: 423.00

Parcel Identifier No 0506-63-4814 By

County on the day of

200

Mail to McCoy Weaver Wiggins Oleveland Rose Ray, PLLC 202 Fairway Drive, Fayetteville, NC 28305

This Instrument was prepared by Steven J O'Comfor, Attornév at Law

Brief description for the Index Lot 93, Seegon, WOODSHIRE Subdivision

THIS DEED made this 9 November 2007, by and between

GRANTOR

GRANTEE

RICHARD J GLADON, and wafe,

ANDREA R GLADON

DONALD WEAR, and wife,

UNION CIRCLE, # LILLINGTON, NC, 27546

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 cenvey into the Grantee m fee simple, all that certain lot or parcel of land situated in the City of LILLINGTON, Anderson Creek Township, HARNE IT County, North Carolina and more particularly described as follows

BEING all of Lot No NINETY THREE (93), in a subdivision known as "WOODSHIRE, PHASE THREE", according to a plat of the same duly recorded in Map Book 2004, Page 1314, Harnett County, North Carolina Registry

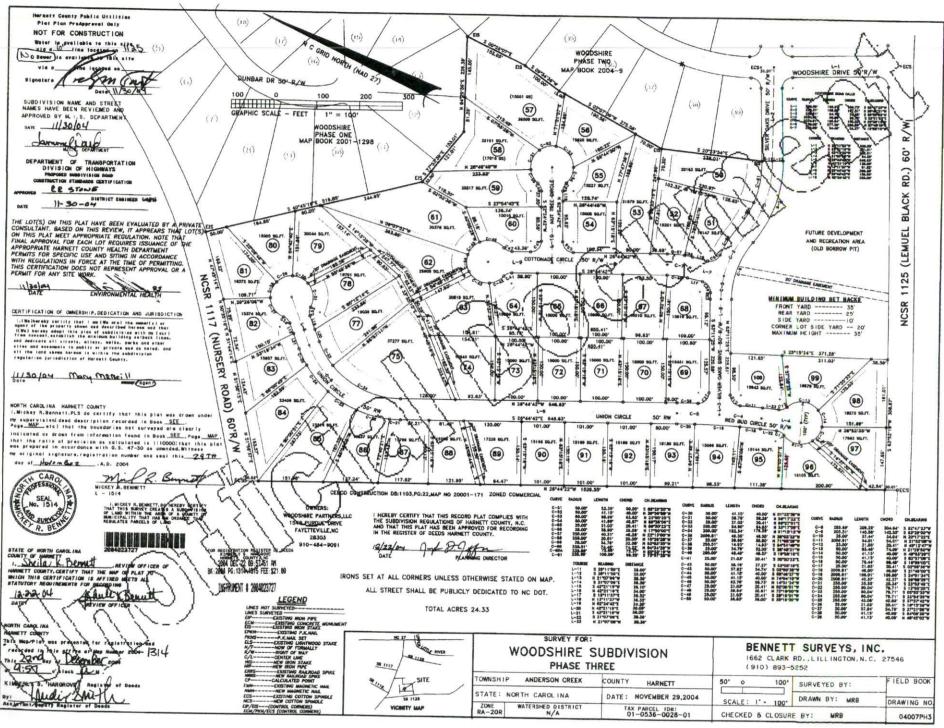
The Property hereinabove described was acquired by Grantor by instrument in Book 2131, Page 213

A Map Showing the above described property is recorded in Map Book 2004, Page 1314

NC Bar Association Form No L-3 © 1976, Revised © 1977, 2002 Printed by Agreement with the NC Bar Association - 1981 SoftPro Corporation, 333 E. Six Forks Rd., Rafletg

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|--------------------------------|---|--|
| // | | |
| /// | | |
| TO HAVE AND T | O HOLD the aforesaid lot or parcel of land | and all privileges and appurtenances thereto belonging to the |
| Grantee in fee simp | le | and an privileges and appurienances thereto belonging to the |
| (/// | | |
| And the Grantor co | venants with the Grantco, the Grantor is sen | red of the premises in fee simple, has the right to convey the |
| | | |
| | | |
| Easements, restricts | ons and rights of way of record Current yes | or ed velocem taxes |
| 1//// | | |
| IN WITH | SS WHEREOF, the Grantor has duly execu | sted the foregoing as of the day and year first above written, |
| 1// | \ | and the foregoing as of the day and year first above written, |
| V//~ | RIX | |
| 1// | | (SEAL) |
| | MICHARD J GLADON | (OLTE) |
| \ / | 3 and | |
| | 1 Dech - 0 00-1 | |
| / | Lindrea & Glado | (SEAL) |
| 1 | ANDREA R GLADON | |
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| State of NORTH C | AROLINA - County of CUMBERLAND | |
| | -// | WD COO |
| I, FRIEDA | S HUGHES, the undersigned Notary Pul | olic of the County and State aforesaid, certify that |
| racinian a orun | ON HIGH WITE LANGHETS RECEIVABLE OF | reconciles ammanual before at the second |
| the due execution of | the foregoing instrument for the purposes th | eren expressed |
| | | nH) |
| Witness my | hand and Notarial Seal or Stamp this | day of NOVEMBER, 2007 |
| Mar Community D | | M: 1. M. |
| My Commission Exp 10-8-2009 | ires | Milede Thelegies |
| 10-8-2009 | 1 | Notary Public |
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| State of | \ | / |
| State of | | 17. |
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| that | gned Notary Public of the County and State | aforesaid, certify |
| | ,attorney-in-fact for | personally appeared before me |
| of | dged the due execution of the foregoing and | annexed instrument for and on behalf |
| | and that her/his authority to | execute and acknowledge the said instrument is contained |
| virtue of the authors | CONTROL III LIC LIARNE I I COUNTY REDISTR | V and that the inchrement seed on a land to |
| | duly given by said instrument granting her | him/Power of attorney, that the said |
| purposes therein even | acknowledged the due e essed for and on behalf of the said | xecution of the foregoing and annexed instrument for the |
| , poors and em expit | socu for and on benan of the said | _i/_ |
| Witness my hand and | Notarial Seal or Stamp this day of, | -/// |
| , | the day of , | ((/) |
| My Commission Expi | res | (har //) |
| | | Notary Public |
| | | rectary resolution |
| The foregoing Certific | ate(s) of | $ \langle A \rangle$ |
| Certified to be correct | This instrument and this certificate are duly | registered at the date and time and in the Book and Page |
| shown on the first pag | e hereof | registered at the date and time and in the Book and Page |
| | | r HARNETT County |
| Ву | Dcputy/Assistant - 1 | Register of Doods |
| | | |
| NC Bar Association Fort | No L-3 © 1976, Revised © 1977, 2002 | V/.01 |
| rance by Agreement Wi | th the NC Bar Association - 1981 SoftPro Con | poration, 333 E Six Forks Rd , Raleigh, NG 27609 |
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Map# 2004-1314