

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

Wants to
meet on
site!

Application for Repair

EMAIL ADDRESS: Bobbiejean52@aol.com

NAME BARBARA AND JOSEPH EGNOR PHONE NUMBER 910 897 6986

PHYSICAL ADDRESS 96 NATURES WAY DUNN NC 28334

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

BENNETT PLACE # 4 .65 ACRES
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 3 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site: ROUTE 421 TO N. ELLIS AVE. FOLLOW ON
#301 TO CARLIE C'S OPERATION CENTER TURN LEFT
NEIGHBORS ROAD RIGHT BENNETT PLACE AND 3RD HOUSE
ON 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.)

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.

Barbara Egnor
Signature

2/11/11
Date

2/11/11
N

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) 3/2007
Installer of system THORJON'S PLUMBING
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 3 # adults 0 # children 3 # 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 _____
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? 2009 How often do you have it pumped? ONCE
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 ONLY A FENCE
15. Are there any underground utilities on your lot? Please check all that apply:
 Power Phone Cable Gas Water IN FRONT
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?
WATER ON TOP OF GROUND
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 WASHING CLOTHES

HTE# 06-5-14731

Harnett County Department of Public Health 19022

PERMIT # 22579

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 1707 Neighbors Rd.

Name: (owner) Ken Dawson Homes, Inc. SUBDIVISION Bennett Place LOT # 4

System Installer: Thorntons Plumbing Registration # _____

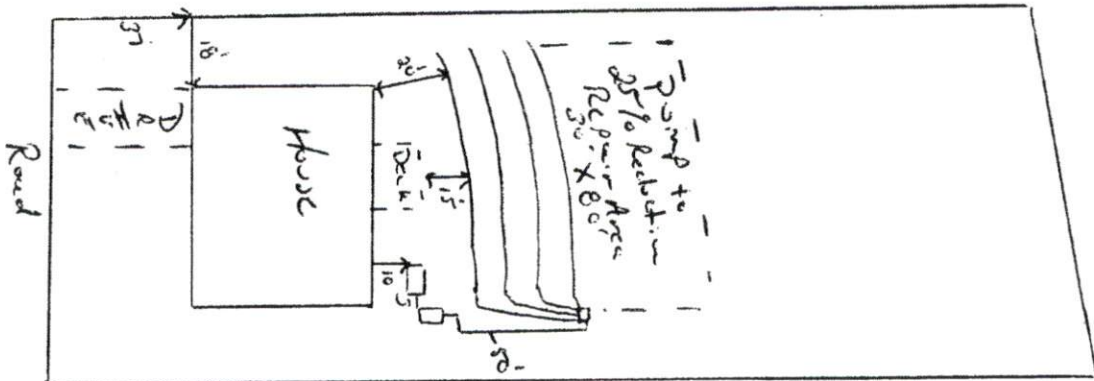
Basement with plumbing: Garage Number of Bedrooms 3

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.



* Tanks + Lines OK 8M 1/11/2007
 * Needs pump, alarm, + D-Box checked

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: _____

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

Type of system: Conventional Other Pump to Inf. Hole Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length 4 width 4 feet
 Drainage Field ditches 4 of each ditch 80 feet width of ditches 3 feet depth of ditches 24 inches
 French Drain Required: _____ Linear feet

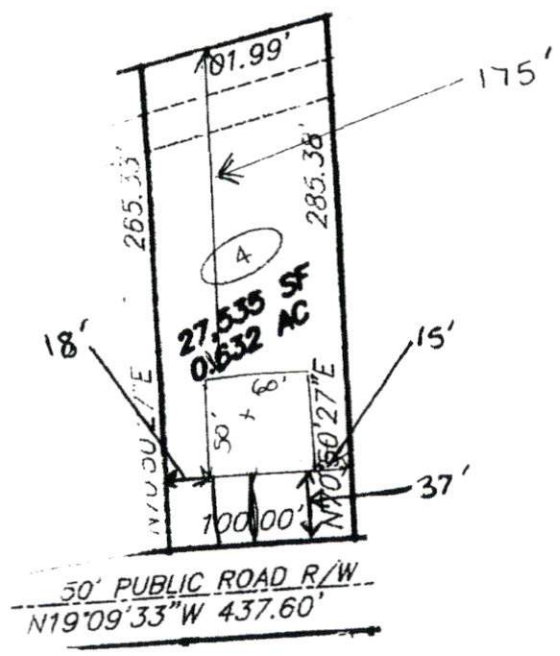
Authorized State Agent [Signature] Date 3/27/2007

1" = 100'

KEN DAWSON BUILDERS

FOOTPRINT
50x60

LOT 4 BENNETT PLACE



SITE PLAN APPROVAL

Lot #4

DISTRICT RA30 USE SFD

#BEDROOMS 3

5-1-06 Sherry Raynor
ZONING ADMINISTRATOR



FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY S. HARGROVE
 HARNETT COUNTY, NC
 2007 APR 26 10:13:39 AM
 BK: 2369 PG: 143-145 FEE: \$17.00
 NC REV STAMP: \$358.00
 INSTRUMENT # 2007007406

HARNETT COUNTY TAX ID#

08-1528-0073-04

4-26-07 BY [Signature]

**NORTH CAROLINA
 GENERAL WARRANTY DEED**

Excise Tax: **\$358.00**

Recording Time, Book and Page:

Tax Map No. **0060541**

Parcel Identifier No: **1529-30-5954.000**

Mail after recording to: **Grantee**

This instrument was prepared by: **S. Vann Sauts, P.A. - Attorney at Law**

THIS DEED made this 24 day of April, 2007 by and between

GRANTOR

Ken Dawson Homes, Inc. a North Carolina Corporation
120 Edmondson Dr. Willow Springs, NC 27592

GRANTEE

Barbara J. Egnor and husband, Joseph D. Egnor
 96 Nature's Way
 Dunn, North Carolina 28334
 Property Address: **96 Nature's Way; Lot 4, Bennett Place Subdivision, 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 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 or parcel of land and more particularly described as follows:

BEING all of Lot 4 of Bennett Place Subdivision, according to a survey entitled, "Final Subdivision Map for Bennett Place Subdivision," dated April 30, 2004, and recorded in Book of Maps 2004, at Page 472, 474, and 476, Harnett County Register of Deeds, reference to which is hereby made for a more complete and accurate description.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2235, Page 990, Harnett County Registry.

A map showing the above described property is recorded in Plat Book 2004, Page 472-476, and referenced within this instrument.

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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

1. Ad valorem taxes for the year 2007 and thereafter.
2. Easements, restrictions, and rights of way of record in the Harnett County Register of Deeds.
3. Restrictive Covenants of record in Deed Book 1966, at Page 584, Harnett County Register of Deeds, reference to which is hereby made as if fully set forth herein.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

Ken Dawson Homes, Inc. a North Carolina Corporation _____ (SEAL)

By: [Signature] _____ (SEAL)
Ken Dawson
Title: President

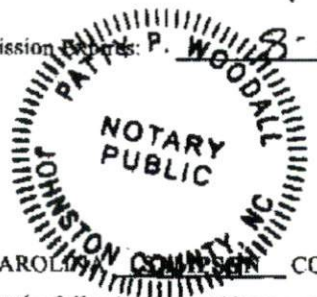
By: _____ (SEAL)

Title: _____ (SEAL)

Johnston
NORTH CAROLINA _____ COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: name(s) of principal(s) Ken Dawson Grantor(s). Witness my hand and official stamp or seal, this the 24 day of April, 2007

My Commission Expires: 8-21-2010



Patty P. Woodall
Notary Public
Print Notary Name: Patty P. Woodall

NORTH CAROLINA _____ COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: name(s) of principal(s) _____ Grantor(s). Witness my hand and official stamp or seal, this the _____ day of _____

My Commission Expires: _____

Notary Public
Print Notary Name: _____

HTE# 06-5-14731

Harnett County Department of Public Health 19022

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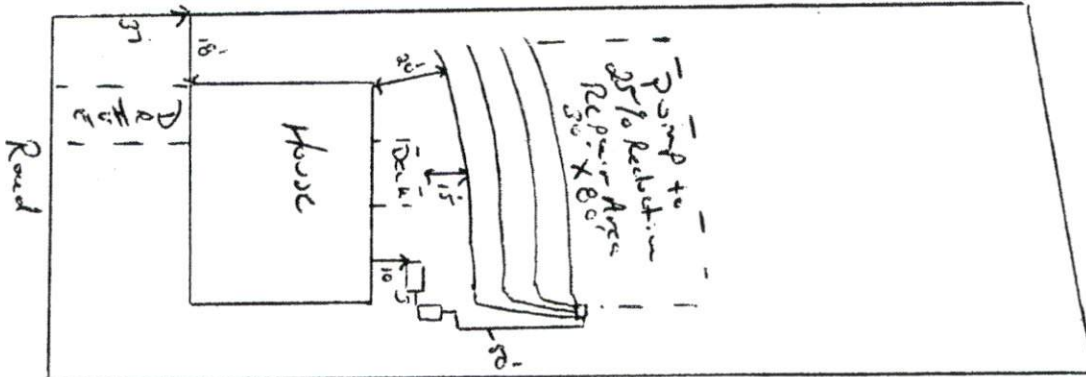
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Authorized State Agent [Signature] Date 3/23/2007