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

| | | rolecti | • |
|---|---------------------------------------|-----------------------------------|---|
| 5302 4 | adkin Rd The, NC 28303 | a . | 11 |
| rayesteri | 14, NC 28303 | EMAIL ADDRESS:(| Charris Pphpmrental |
| NAME LAroly | HARRIS | PHONE NUMBER | 910 864-3955 X-11 |
| PHYSICAL ADDRESS | 105 Woodpoint Di | eive Glington N | C 27546 |
| | FFFERENT THAN PHYSICAL) | | |
| IF RENTING, LEASING, ET | C., LIST PROPERTY OWNER NAME | James P Duna. | Kimberly Duna |
| Woodshire | 152 1 | 12.04 | July July |
| SUBDIVISION NAME | LOT #/TRACT # | STATE RD/HWY | SIZE OF LOT/TRACT |
| Type of Dwelling: [] Mo | odular [] Mobile Home | Stick built [] Other | one of the first |
| Number of bedrooms | 3 [] Basement | | |
| Garage: Yes N No [] | Dishwasher: Yes | N NO [] | Garbage Disposal: Yes No[] |
| Water Supply: [] Private | Well [] Community Sy | stem (County | Tes Muli |
| Directions from Lilliant | | Α | |
| Directions from Lillington t | to your site: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| In order for Environment | al Health to help you with your | repair, you will need to come | aly by completing the feller |
| THE REAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF | and deed to your p | roberty must be attached to the | Ply by completing the following: s application. Please inform us of any |
| | | | |
| 2. The outlet end of th | ne tank and the distribution box will | I need to be uncovered and prop | erty lines flagged. After the tank is |
| , | , o mobbed, underground utilitie | Marked and the orange ciam L | perty lines flagged. After the tank is least been placed, you will need to call |
| | | | |
| letter. (Whichever is applical | ed within 30 days of issuance of th | e Improvement Permit or the ti | me set within receipt of a violation |
| учиначения принса | oie., | | |
| By signing below, I certify that | at all of the above information is | orrest to the best of | dge. False information will result in |
| the denial of the permit. The | permit is subject to revocation if | the site plan intended use | dge. False information will result in |
| <i>M</i> -/ | | the site plan, intended use, or o | wnership changes. |
| /aud. | Hall | | |
| Jaulyn & | James | 3.17.17 | |
| 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 [XNO Also, within the last 5 years have you completed an application for repair for this site? [] YES [XNO |
|--|
| Year home was built (or year of septic tank installation) |
| Installer of system |
| Septic Tank Pumper Designer of System |
| |
| 1. Number of people who live in house? 2 # adults # children # total |
| 2. What is your average estimated daily water usage?gallons/month or daycounty |
| 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 |
| 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? [Adaily] every other day [1] weekly |
| 6. If you have a washing machine, how often do you use it? [] daily [] every other day Myeekly [] 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 [XNO 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 [XNO 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? |
| Master commode fills up want daain. Hear bubbling water |
| 17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy |
| rains, and household guests?) N YES [] NO If Yes, please list when using was kn |
| bath commode |
| |

COMMENTS: BASKERBALL COURT OVER DRAINFIED Department of Environment, Health and N Division of Environmental Health On-Site Wastewater Section

Resources

Sheet: Property Lot #: File #: Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

| Owner: | Applicant: | | | |
|-------------------------|------------------|--------------------------|-----------------|---------|
| Address: | | Date Evaluated: | | |
| Proposed Facility | 13 BORL | Design Flow (.1949): 360 | Property Size: | |
| Location of Site: | 2 2 2 22 30 | Property Recorded: | - reperty size. | |
| Water Supply: | Pub | lic Individual Well | ☐ Spring | Other |
| Evaluation Metho | od: Auger Boring | ☐ Pit ☐ Cur | | - Calci |
| Type of Wastewa | ter: Sew | | ☐ Mixed | |
| P | T | | | |
| R | | | | |

| P R O F I L E | .1940 | | SOIL MO | PRPHOLOGY 1941 | | OTHER PROFILE FACTOR | ıs | | |
|---------------------------------|-----------------------------------|---------------------------|--------------------------------|------------------------------------|------------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|
| 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 | 0-5 r2 | D-94 | GS | | | | | 120.12 | LIA |
| | | 22-27 | 6 S L | | | | | | 5.6 |
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| Description | Initial System | Repair System | Other Factors (.1946): Site Classification (.1948): |
|-------------------------|-------------------|---------------|---|
| Available Space (.1945) | | 1 | Evaluated By: |
| System Type(s) | | 25% | Others Present: |
| Site LTAR | | .6 | |

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|---|-------|--|---|--|------|--|--|--------|----|---|--|--|--|--|--|--|--|
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MATJ 2281.

VP-VERY PLASTIC

NP-NON-PLASTIC

AS-AEKY STICKY

NS-NON-SLICKY

SS-STIGHLY STICKY

2-2LICKY

MEL

CONSISTENCE MOIST

SP-SLIGHTLY STICKY

| | | AADO IG GV HIDIET GIB AGG |
|---------------------|----|---------------------------|
| | | GR-GRANULAR |
| EXPANSIVE | | CR-CRUMB |
| | | M-MYSSIAE |
| STIGHTLY EXPANSIVE | | SG-SINGLE GRAIN |
| MINERALOGY | | STRUCTURE |
| SC-SYNDA CIVA | | |
| C-CTVX | | |
| SIC-SILTY CLAY | VI | |
| SCI-SANDY CLAY LOAM | | PF-FLOOD PLAN |
| CL-CLAY LOAM | | T-TERRACE |
| SIL-SILT LOAM | | CA-CONNEX STOBE |
| TIIS-IS | Ш | CC-CONCLAVE SLOPE |
| | | H-HEAD SLOPE |
| L-LOAM | | N-NOSE STOLE |
| SL-SANDY LOAM | П | FS-FOOT SLOPE |
| | | |

| F-FLOOD FLAN | SCL-SANDY CLAY LOAM | SCL-SANDY CLAY LOAM | SCL-SANDY CLAY LOAM | ST-STLT LOAM

GROUP TEXTURES

COMMENTS:

LANDSCAPE POSITIONS

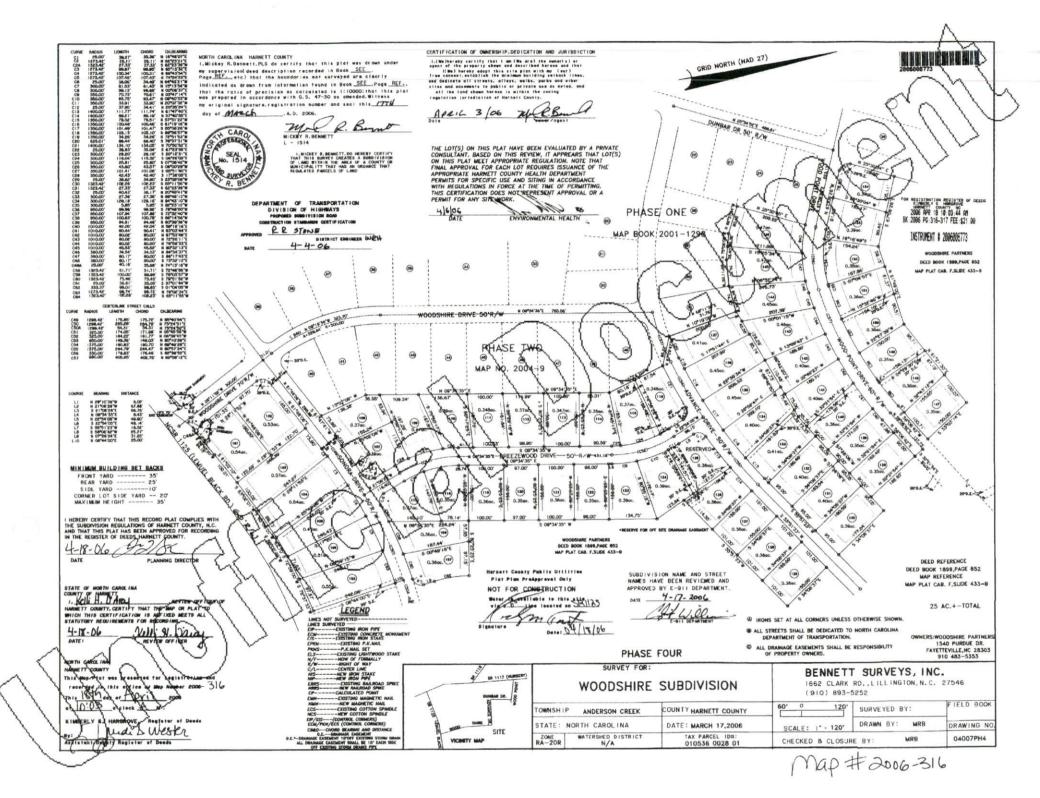
PR-PRISMATIC
PL-PLATY

VBK-VMGNIVK BIOCKA 2BK-2NBVMGNIVK BIOCKA

| HTE# OLD 500 15410 Harnett County Department of Public Health 19008 PERMIT # 20190 Operation Permit New Installation Septic Tank Repair Nitrification Line PROPERTY LOCATION: 120 Subdivision Subdivision Line Registration Line PROPERTY LOCATION: 120 System Installer: DC Condens Subdivision Registration # Registration # Registration # System Type of Water Supply: Community Public Well Distance from well feet System Type: In Altra to Community Public Well Distance from well feet System Type: In Altra to Community Public Well Distance from Well Systems expire in 5 years. 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 Servers in Systems and all conditions of the Improvement Permit and Construction Authorization Servers in Systems and all conditions of the Improvement Permit and Construction Authorization Servers in Systems and all conditions of the Improvement Permit and Construction Authorization Servers in Systems and all conditions of the Improvement Permit and Construction Authorization Servers in Systems and Servers in Systems are servers in Systems and Servers in Systems and Servers in Systems and Servers in Systems are servers in Systems are servers in Systems and Servers in Systems are servers in Systems and Servers in Systems are servers in Systems are servers in Systems and Servers in Systems are servers in Systems are servers in Systems and Servers in Systems are serve | 2/5 |
|--|---------|
| 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\sqrt{No} \) No \(\sqrt{No} \) Hyes, see attached sheet for additional operation conditions, maintenance and reporting. 17. Other: Following are the specifications for the square diseased system operator and reporting. | |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Conventional Other | gallons |

Authorized State Agent_

Date 01. 33.07





HARNETT COUNTY TAX ID# 01.0534040028.51 FOR REGISTRATION REGISTER OF DEEDS
KARNETY SOUNTY SOUTH REGISTER
2007 JUN 07 04:45:05 PM
BK:2386 PG:554-556 FEE:\$17.00
NC REV STAMP:\$392.00
INSTRUMENT \$ 2007010396

NORTH CAROLINA GENERAL WARRANTY DEED

| Excise Tax: \$ 392.00 Parcel Identifier No.0506-75-3762.000. Verified by | County on the | day of, | 20 |
|--|----------------------------------|--|-------|
| Ву: | | | |
| Mail/Box to: Barfield & Radford, P.A., 3800 Raeford Road, Fay | vetteville NC 28204 | | |
| | | | |
| his instrument was prepared by: Barfield & Radford, P.A., 380 | 0 Raeford Road, Fayetteville | , NC 28304 | |
| Brief description for the Index: LT 152, PHA, WOODSHIRE | | | |
| 9// | | | |
| THIS DEED made this 1st day of June 20 07, 1 | by and between | | |
| GRANTOR | l GF | ANTEE | - |
| Caviness Land Development, Inc | James P. Dunn | | |
| 2818 Raeford Rd. Ste 300 | 105 Wood Point Drive | | |
| ayetteville, NC 28304 | Lillington, NC 27546 | | |
| *// | | | |
| | 1 | | |
| | | | |
| The designation Grantor and Grantee as used herein shall include | said parties, their beirs, succe | ssors, and assions, and shall in | chid |
| ingular, plural, masculine, feminine or neuter as required by cor | | | |
| WITNESSETH, that the Grantor, for a valuable consideration pai | 424. 6 4 | 6-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| and by these presents does grant, bargain, sell and convey unto the | Grantee in fee simple, all the | it which is hereby acknowledge at certain lot or parcel of land sit | tuate |
| n the City of Lillington , Anderson Creek | Township, Harnett | | |
| nore particularly described as follows: | $\{(2)\}$ | | |
| BEING ALL of Lot 152, as shown on a plat entitled "WOODSH | IRE SUBDIVISION, RHAS | E FOUR", duly recorded in M | Мар |
| Book 2006, Page 316, Harnett County Registry, North Carolina. | _/_\ | | -50 |
| | (/)) | | |
| The property hereinabove described was acquired by Grantor by | instrument recorded in Beol | 2227 page 917 | |
| A map showing the above described property is recorded in Plat | Book 2006 pa | 316 | |
| NC Bar Association Form No. L-3 © 1976, Revised © 1977, 20 | | | |
| | | ix Forks Rd., Raleigh, NC 27 | 609 |
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| HAVE AND TO HOLD the aforesaid lot or parcel of land ar | nd all privileges and appurtenances thereto belonging to the Grantee |
| of fact of fac | no art bus ne Res and abbancenatices mercen nerviting to me custose |
| / /. | |
| | ed of the premises in fee simple, has the right to convey the same in |
| er simple, that title is marketable and free and clear of all encun se lawful claims of all persons whomsoever, other than the foll | nbrances, and that Grantor will warrant and defend the title against |
| asements of record. | towning exceptions, and valorent mater, restricted and |
| | uted the foregoing as of the day and year first above written. |
| Caviness Land Development, Inc. | (OTAY) |
| (Hatity/Name) | (SEAL) |
| | |
| ly: | (SBAL) |
| Title: President | |
| Dy: | (SEAL) |
| Title: | (52.2) |
| V/35/ | |
| Dy: | (SEAL) |
| Title: | |
| ate of North Carolina - County of | |
| I, the undersigned Notary Public of the County and St | |
| | personally appeared before me this day and or the purposes therein expressed. Witness my hand and Notarial |
| | or the purposes therein expressed. Witness my hand and Notarial |
| | The state of the s |
| y Commission Expires: | |
| | Notary Public |
| tate of North Carolina - County of Harrich | 1 |
| I, the undersigned Notary Public of the County and State | |
| ersonally came before me this day and acknowledged that _be | is the President of |
| Caviness Land Developmen | |
| corporation/limited liability company/general | partnership/limited partnership (strike through the inapplicable), and |
| nat by authority duly given and as the act of such entity, _he sig | gned the foregoing instrument in its name on its behalf as its act and |
| | day of June 20 07 |
| 16 | day of June 20 07 |
| Ay Commission Expires: 01/02/2012 | day of June 20 07 |
| ty Commission Expires: 01/02/2012 | day of June 20 07 |
| fy Commission Expires: 01/02/2012 | day of June 20 07 |
| tate of North Carolina - County of I, the undersigned Notary Public of the County and st | day of June 20 07 |
| tate of North Carolina - County of I, the undersigned Notary Public of the County and \$1 | day of June 20 07 |
| ty Commission Expires: 0 t 22012 tate of North Carolina - County of I, the undersigned Notary Public of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County of the County and state of North Carolina - County and state of North Carolina - County of the County and state of North Carolina - County and state - County | day of June 20 07 |
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| tate of North Carolina - County of I, the undersigned Notary Public of the County and St Vitness my hand and Notarial stamp or seal, this day of | day of June 20 07 |
| Ay Commission Expires: 0 1 0 2 2 0 1 2 5 1 | June 20 07 Afraca and Colley Har |
| Ay Commission Expires: 0! 02/2012 State of North Carolina - County of I, the undersigned Notary Public of the County and Witness my hand and Notarial stamp or seal, this day of My Commission Expires: The foregoing Certificate(s) of sare certified to be correct. This instrument and this certificate are | day of June 20 07 |
| Ay Commission Expires: 0 1 0 2 2 0 1 2 5 1 1 2 5 | Motary Public The duly registered at the date and time and in the Book and Page shown |
| At Commission Expires: Ot O2 2012 Itate of North Carolina - County of I, the undersigned Notary Public of the County and St. Vitness my hand and Notarial stamp or seal, this day of My Commission Expires: The foregoing Certificate(s) of Vare certified to be correct. This instrument and this certificate arm the first page hereof. Register of Deeds for | June 20 07 Information and in the Book and Page shown |
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