

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: Cynthia@weichert.com

NAME On-site Rentals PHONE NUMBER 919-498-1278

PHYSICAL ADDRESS ~~2410 Buffalo Lake Rd Sanford NC 27332~~

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 45 Tower Dr Broadway

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

Tungen Place # 3

SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
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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: _____

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.

Cynthia 11/29/2017
Signature Date
Property management Team

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) 2007

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults 5 # children 7 # total
2. What is your average estimated daily water usage? 300 gallons/month or day Hanwell county water. If HCPU please give the name the bill is listed in Justin Nichols, Carolee Nichols
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? Month 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 household using long term prescription drugs, antibiotics or chemotherapy? YES NO If yes please list tegretol, topamax
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 None
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?
Smell outside
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 gurgling in the toilets and drains, took long for washer to drain water.

HTE# 07-500 17393

Harnett County Department of Public Health 19540

PERMIT # 23910

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

Name: (owner) James Jackson

PROPERTY LOCATION: 1139

SUBDIVISION TWIGSON PLACE

LOT # 3

System Installer: Ray Moore

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

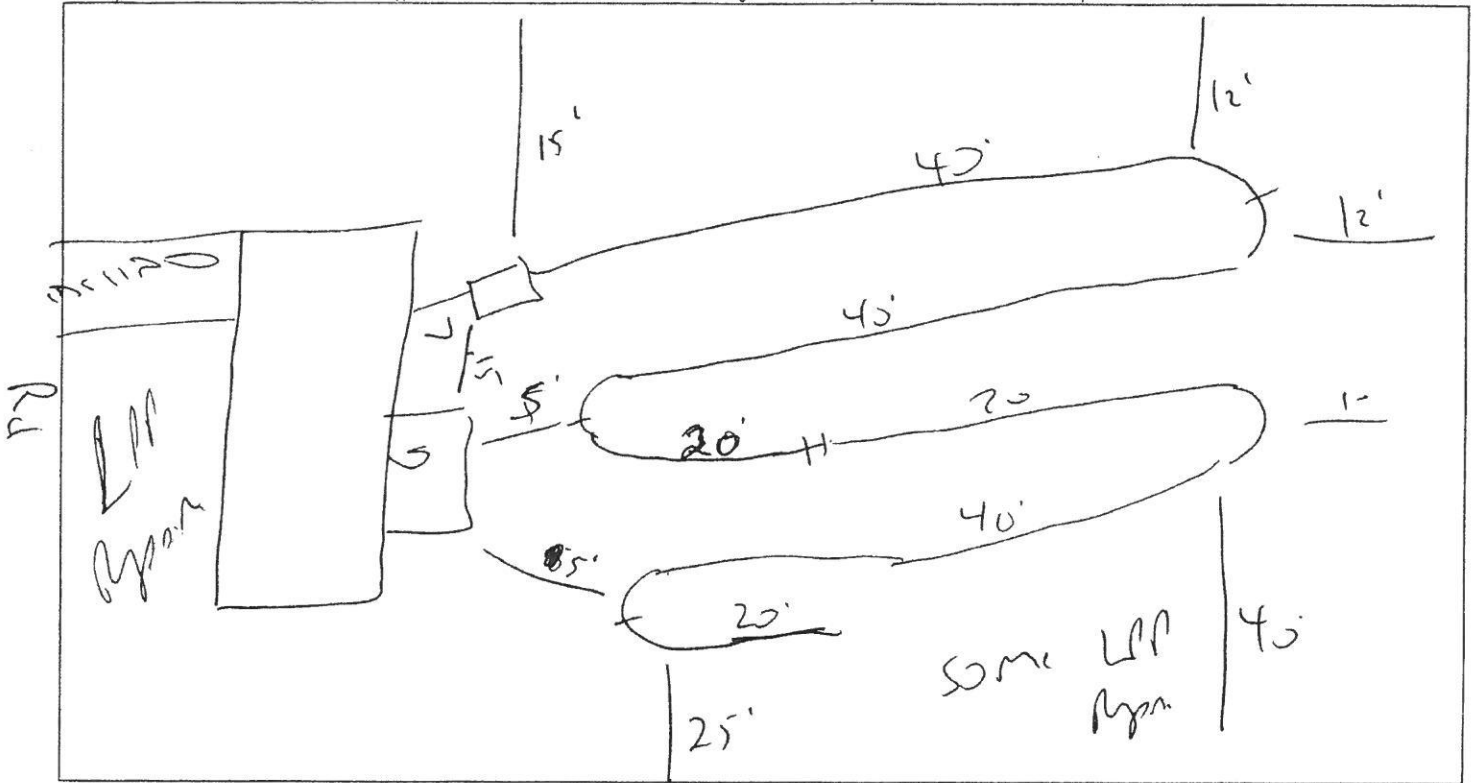
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: EZ FLOW THY 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: _____

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

Type of system: Conventional Other EZ-Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 180 feet ditches 3 feet ditches 18.24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Joe Wolf A1 Date 09-19-07

HTE# 07-50017393

Harnett County Department of Public Health 23910

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JAMES JACKSON PROPERTY LOCATION: 1139
 NEW REPAIR EXPANSION SUBDIVISION: TINSEN PLACE LOT # 3
 Type of Structure: SFO-30x52 3BR Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% Reduction Sys.
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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 50 feet Permit valid for: Five years
 Permit conditions: STUB out Plumbing shallow. At Ground level or higher where shown. MAINTAIN ALL SETBACKS No expiration

Authorized State Agent: J. W. [Signature] Date: 05-01-07 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: JAMES JACKSON PROPERTY LOCATION: 1139
 SUBDIVISION: TINSEN PLACE LOT # 3
 Facility Type: SFO-30x52 3BR New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction Sys. (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) 250 LF of LPP (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 1x180 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: _____

**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.

Authorized State Agent: J. W. [Signature] Date: 05-01-07 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 05-01-2012

HTE# 0750017390

Permit # 23910

Harnett County Department of Public Health Site Sketch

ISSUED TO: James Jackson

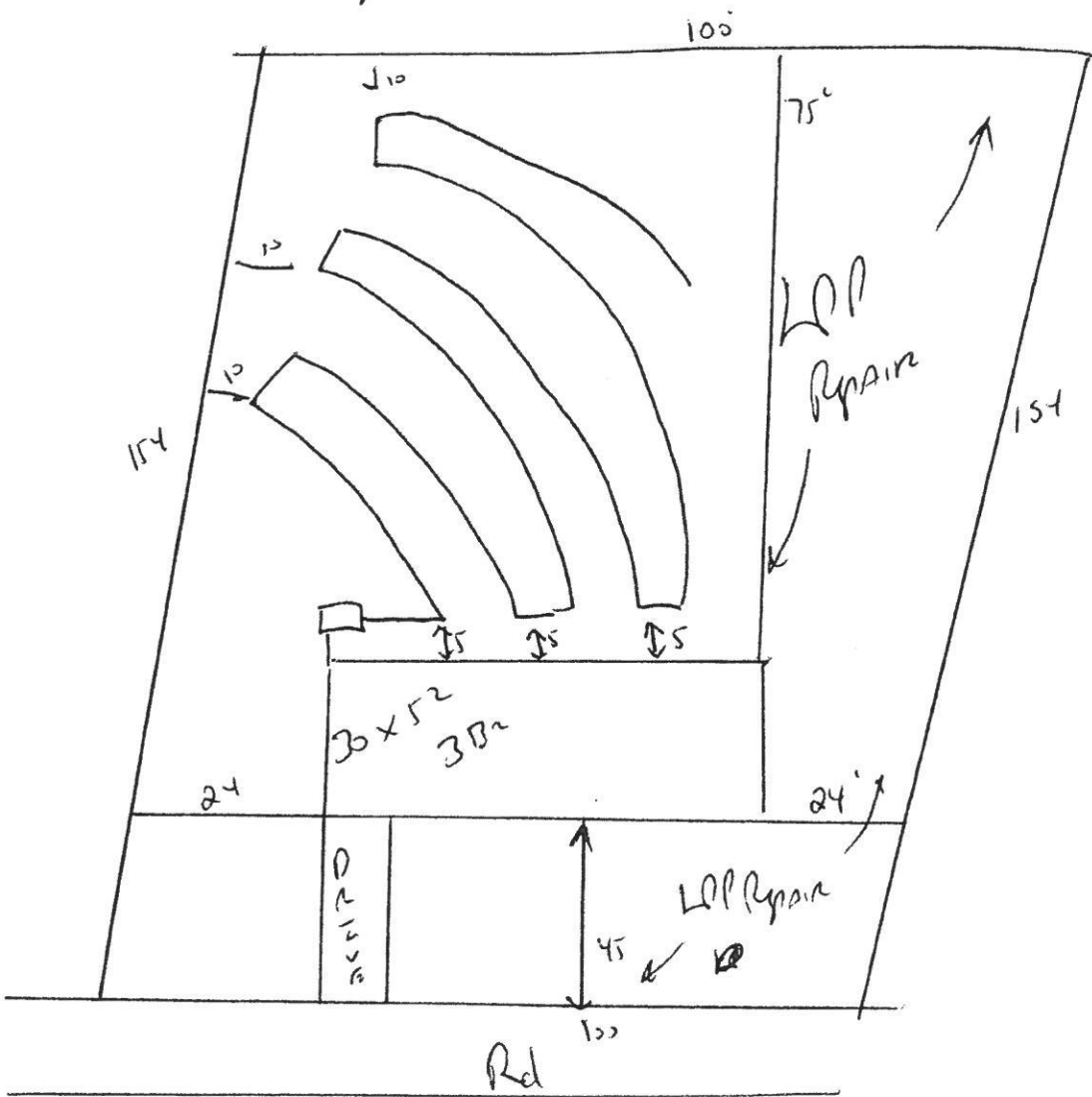
PROPERTY LOCATOR: 1139

SUBDIVISION TINGEN PLACE

LOT # 3

Authorized State Agent: J. L. [Signature]

Date: 05-21-07



STUB out Plumbing shallow, at ground level or higher where shown
 MAINTAIN ALL SET BACKS Install 1x180 of 25% Reduction system
 At 18" - 24"

DEED BK 1970, PAGE 200

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
CONSTRUCTION DIVISION
APPROVED R. R. Stovall
DATE 4-4-06 DISTRICT ENGINEER

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
CONSTRUCTION DIVISION
APPROVED R. R. Stovall
DATE 4-4-06 DISTRICT ENGINEER

DATE 4-2-06
PLANNING DIRECTOR

I HEREBY CERTIFY THAT THIS RECORD PLAT COMPLIES WITH THE REQUIREMENTS OF THE PLANNING AND ZONING ACTS OF THIS STATE AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS HARNETT COUNTY

NORTH CAROLINA, HARNETT COUNTY
I HEREBY CERTIFY THAT THIS RECORD PLAT COMPLIES WITH THE REQUIREMENTS OF THE PLANNING AND ZONING ACTS OF THIS STATE AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS HARNETT COUNTY



STATE OF NORTH CAROLINA
COUNTY OF HARNETT
I, W. R. Bennett, REGISTER OF DEEDS

DATE: 4-2-06
REGISTER OF DEEDS

W. R. Bennett
REGISTER OF DEEDS

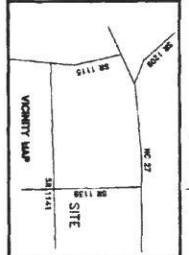
SUBDIVISION NAME AND STREET NAMES HAVE BEEN REVIEWED AND APPROVED BY E-911 DEPARTMENT.
DATE 4/2/06
APPROVED Shannon

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
CONSTRUCTION DIVISION
APPROVED R. R. Stovall
DATE 4-4-06 DISTRICT ENGINEER

HARNETT COUNTY Public Utilities
Pilot Plan Approved Only
NOT FOR CONSTRUCTION
DATE 4-4-06
APPROVED Shannon

FOR INFORMATION PURPOSES ONLY
DATE 4-4-06
APPROVED Shannon

LEGEND
LANDS NOT SURVEYED
EXISTING ROAD PAVEMENT
EXISTING SIDEWALK
EXISTING UTILITY LINES
EXISTING LIGHTWOOD STATE HIGHWAY



PHASE ONE

SURVEY FOR:
TINGEN PLACE SUBDIVISION

TOWNSHIP BARBECUE COUNTY HARNETT
STATE: NORTH CAROLINA DATE: MARCH 27, 2006
ZONE RA-20R WATERFED DISTRICT N/A TAX PARCEL ID# 03-997-0033 & 03-997-0227

SCALE: 1" = 100'
DRAWN BY: MRB
CHECKED & CLOSURE BY: MRB

OWNER/DEVELOPER:
TDI ORELAND LLC
1151 EXECUTIVE CIRCLE
SUITE 201-A
CARY, NC 27511
919-319-5854

BENNETT SURVEYS, INC.
1662 CLARK RD., LILLINGTON, N.C. 27546
(910) 893-5292

Map # 2006-375

Harnett GIS



Harnett COUNTY
50°57' 28.11194"

GIS/E-911 Addressing
November 30, 2017

	Recycle Center		City Limits		NC		Parcels
	Landfills		Address Numbers		US		
	Surrounding County Boundaries		Airport		Roads		Mile_Markers
	Federal Property		MajorRoads		Interstate		Railroad

Scale: 0 20 40 80 Feet
1 inch = 47 feet



FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2008 JUN 25 03:22:09 PM
BK: 2524 PG: 820-822 FEE: \$17.00
NC REV STAMP: \$380.00
INSTRUMENT # 2008010686

HARNETT COUNTY TAX ID#

039597-0033-03

6-24-08 BY [Signature]

**NORTH CAROLINA
GENERAL WARRANTY DEED**

Excise Tax: \$ 380.00 Recording Time, Book and Page
Tax Map No. Parcel Identifier No. 039597 0033 03

Mail after recording to: ~~Grantee~~ McGeachy, Hudson & Zuravel 555 Executive Place Fay, NC 28305
This instrument was prepared by: Lynn A. Matthews, Attorney at Law

THIS DEED made this 13th day of June, 2008, by and between 36406/kdg

GRANTOR
JAMES R. JACKSON and wife, LUCRECIA A. JACKSON
d/b/a James Jackson Home Builders
902-C West Broad Street
Dunn, NC 28334

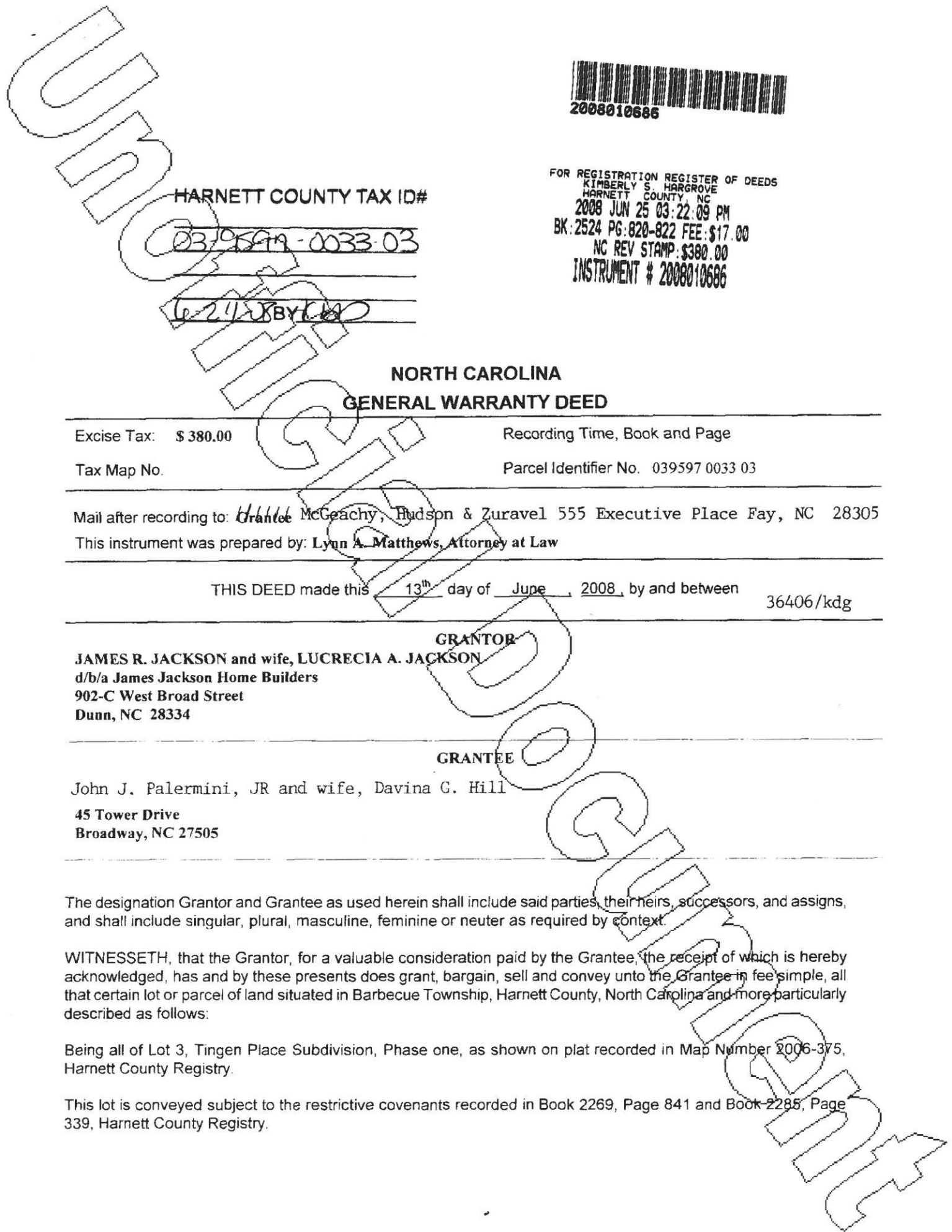
GRANTEE
John J. Palermini, JR and wife, Davina G. Hill
45 Tower Drive
Broadway, NC 27505

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 situated in Barbecue Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Lot 3, Tingen Place Subdivision, Phase one, as shown on plat recorded in Map Number 2006-375, Harnett County Registry.

This lot is conveyed subject to the restrictive covenants recorded in Book 2269, Page 841 and Book 2285, Page 339, Harnett County Registry.



All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2359, Page 639, Harnett County Registry.

A map showing the above described property is recorded in Map Number 2006, Page 375-376 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. 2008 ad valorem taxes which are not yet due and payable.
- 2. Easements, rights of way and restrictions of record.

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.

_____ (SEAL)
 (ENTITY NAME) James R. Jackson d/b/a James Jackson
 Home Builders

By: _____ (SEAL)
 Title: _____ Lucrecia A. Jackson

By: _____ (SEAL)
 Title: _____

_____ (SEAL)

NORTH CAROLINA Harnett COUNTY

I, certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: James R. Jackson and Lucrecia A. Jackson d/b/a James Jackson Home Builders, Grantor(s). Witness my hand and official stamp or seal, this the 16th day of June, 2008.

My Commission Expires: 7-8-2008

 Notary Public

Print Notary Name: Peggy K Coleman

