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

Philodological for technic
NAME Stephense Mc Quain PHONE NUMBER 919-770-2148 CGZ. PHYSICAL ADDRESS 25 Braz Dr. Lillington, NC 27546 777-0332 NOW
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home [] Stick built [] Other
Number of bedrooms [] Basement Garage: Yes [] No [] Dishwasher: Yes [] No [] Garbage Disposal: Yes [] No []
Water Supply: [] Private Well [] Community System [4 County Directions from Lillington to your site: + Urn left on Summers ville maners @ IGA
Meft turn left into neighborhord and on home is 1st left drive wax (1st home along road)
 In order for Environmental Health-to-help you with your repair, you will need to comply by completing the following: 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. 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.

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 LINO Also, within the last 5 years have you completed an application for repair for this site? [] YES LINO
Year home was built (or year of septic tank installation) 2011 Installer of system Septic Tank Pumper Harder'S Septic
Designer of System
1. Number of people who live in house?# adults# children# 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# total
3. If you have a garbage disposal, how often is it used?, [] daily [] weekly [] monthly
4. When was the septic tank last pumped? In 2018 How often do you have it pumped? 3-5 400
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 [YNO
 Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [YNO 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 (naints thinners at a) down the Lat 25 avec 5 26
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
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 thi
first noticed? (por 27, 2018 noticeda wet spot infinite the shed
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_

HTE# 10-5-25286RR Harnett County Department of Public Health
PERMIT # 26.717 Operation Permit 21821
New Installation Septic Tank Nitrification Line Repair Expansion
PROPERTY LOUGHON: OIG US 721
Name: (owner) Stephen T. M: Itan SUBDIVISION Roof Mclac Bree LOT # 1
System Installer. Dennis Media Registration #
Basement with plumbing: Garage W Number of Bedrooms 3
Type of Water Supply: Community Public Well Distance from well feet
System Type: 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.
The second of th
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.
Cont. Repair Aprel
Repair Agen
7 1 706
PostANEA pá lus
- House
1 1 1
V Water
(6)
Bre-Drive
PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule 1961
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:
Y. Other:
□D-Box □Pump □Alarm □ H20Line □ PWR Line
following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other EZFlow Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 50 feet ditches 3 feet ditches 18-30 inches French Drain Required: Linear feet
Direct rect
Authorized State Agent Sur Missing REMS Date 2/8/2011

HTE# 10-5-2586 RR

Harnett County Department of Public Health

Improvement Permit

26317

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Old US 421 SUBDIVISION ROST MCRUE Brace Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD 70' x 60 Proposed Wastewater System Type: Conventional Projected Daily Flow: 360 Number of Occupants: Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: □Yes Five years Type of Water Supply:

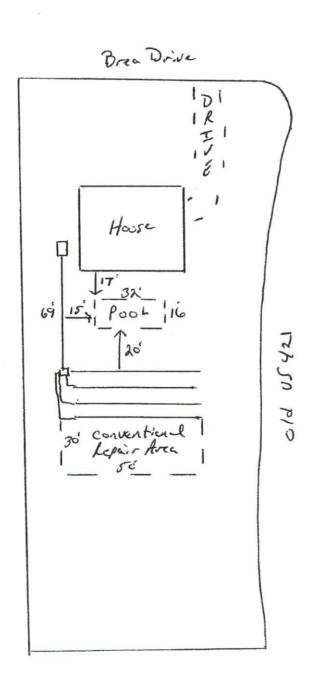
Community Public Well Distance from well feet Permit valid for. ☐ No expiration Permit conditions: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their 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: Stephen T. Milten PROPERTY LOCATION: Old US 421 SUBDIVISION Lass Mchae Brae Facility Type: SFD New New ■ Expansion ☐ Repair Basement? Yes No Basement Fixtures? Yes (Initial) Wastewater Flow: 360 Conventicus Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Number of trenches Exact length of each trench 50 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Soil Cover: 6-18 Trenches shall be installed on contour at a Pump Tank Size _____ gallons Maximum Trench Depth of: 18-30 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. inches below pipe Aggregate Depth: ______ inches above pipe Conditions: D-Box to sit higher than drain lines for MAX Storage Stort lines at 10 inches + run to 30 inches : Freedood WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **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: 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 SEE ATTACHED SITE SKETCH 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: Construction Authorization Expiration Date: 1/21/2016

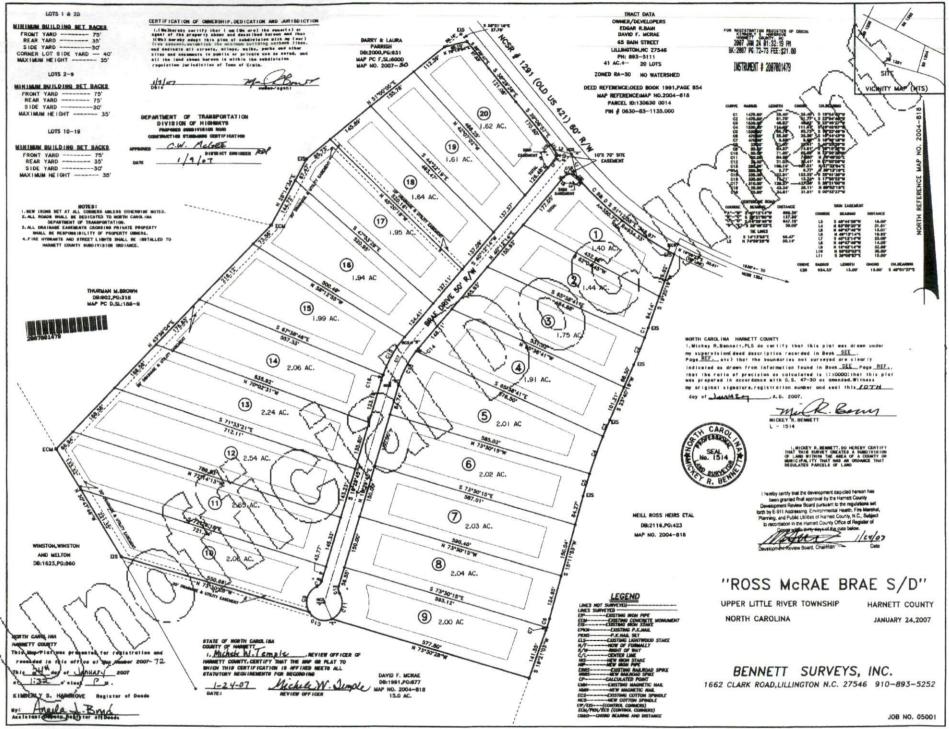
25286 R.R. HTE# 10-5-258622

Permit # 26317

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:_	old	JS 421		
ISSUED TO: Stephen T. Milton	SUBDIVISION	Rors M	1 Place Brac	LOT # _	1
Authorized State Agent: Sun Minist	le 165	1	Date: 1/31/241		





11:18:37 Customer/ cation Consumption History nquiry 37493 Name: MCQUAIN. STEPHANIE & MICKEY Customer ID: Location ID: 86438 Addr: 25 BRAE DR 13 \$36.30 Cycle/Route: 01 60 Amount due: Initiation date: 3/24/11 Pending \$.00 0/00/00 Customer/Location status: A Termination date: Customer status: A Type options, press Enter. 1=Select 5=View detail 6=Display comment codes Service Reading Actual Actual Meter Est Cmnt Opt Code Type Number CD CD Date Consumption Demand Days 28 21004365 WA REG 5/07/18 5390.00 .00 N 4140.00 32 21004365 N WA REG 4/09/18 .00 .00 N WA REG 3/08/18 3130.00 29 21004365 2/07/18 26 21004365 N WA REG 3190.00 .00 1/12/18 37 21004365 N WA REG 5640.00 .00

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COUNTY OF HARNETT PUBLIC UTILITIES

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WA

REG 12/06/17

REG 11/06/17

REG 10/05/17

5/31/18

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F3=Exit F5=Print history F6=Meter inventory F7=Meter svc info F8=Pending/history trans F9=Budget trans F24=More keys

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COUNTY OF HARNETT PUBLIC UTILITIES 5/31/18 UT300101 Customer/ :ation Consumption History inquiry 11:18:37 Name: MCQUAIN, STEPHANIE & MICKEY Customer ID: 37493 Location ID: 86438 Addr: 25 BRAE DR 13 \$36.30 Cycle/Route: 01 60 Amount due: 3/24/11 Initiation date: Pending \$.00 Termination date: 0/00/00 Customer status: A Customer/Location status: A Type options, press Enter. 5=View detail 1=Select 6=Display comment codes Service Reading Est Cmnt Actual Actual Meter Opt Code Type Date Consumption Demand Days Number CD CD 9/05/17 WA REG 27970.00 .00 33 21004365 N 24 21004365 WA REG 8/03/17 24390.00 .00 N WA REG 7/10/17 34550.00 32 21004365 N .00 6/08/17 WA REG 34940.00 31 21004365 .00 N 28 21004365 5/08/17 WA REG 30930.00 .00 N

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COUNTY OF HARNETT PUBLIC UTILITIES UT300101 5/31/18 cation Consumption Histor nquiry Customer 11:19:26 Customer ID: 37493 Name: MCQUAIN, STEPHANIE & MICKEY Location ID: 86438 Addr: 25 BRAE DR 13 Cycle/Route: 01 60 Amount due: \$36.30 Initiation date: 3/24/11 Pending \$.00 Termination date: 0/00/00 Customer status: A Customer/Location status: A Type options, press Enter. 1=Select 5=View detail 6=Display comment codes Service Reading Actual Actual Meter Est Cmnt Opt Code Type Date Consumpt ion Days Demand Number CD CD REG 1/12/17 3650.00 .00 35 21004365 N WA REG 12/08/16 31 21004365 N 2380.00 .00 WA REG 11/07/16 2740.00 26 21004365 .00 N 33 21004365 REG 10/12/16 WA 23320.00 N .00 WA REG 9/09/16 N 30690.00 .00 30 21004365

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8/10/16

7/12/16

6/09/16



HARNETT COUNTY TAX ID#

0630-0014

Excise Vax \$ 660.00

BK: 2846 PG: 352-354 FEE: \$22.00 NC REV STAPP:\$660.00

Recording Time, Book and Page

Parcel Identifier No. 130630 0014 Reid No. 0028764

Mail after recording to Bain, Buzzard & McRae, LLP, Attorneys, 65 Bain Street, Lillington, NC 27546

This instrument was prepared by Bain, Buzzard & McRae, LLP, Attorneys, 65 Bain Street, Lillington, NC 27546

Brief Description for the index : Lot 1, Map No. 2007-72

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 11th day of March, 2011, and between

GRANTOR

Milton Built Homes, LLC

1011 Summerville Mamers Road Lillington, NC 27546

GRANTEE

Mickey D. McQuain and wife, Stephanie J. McQuain

25 Brae Drive

Lillington, INC 27546

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall incl said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by contexts

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 Upper Little River Township, Harnett County, North Carolina and more particularly described as follows:

Parcel Identifier No.: 130630 0014 / Reid No. 0028764

BEING Lot 1 as shown upon a plat of survey entitled Ross McRae Brae S/D, dated January 24, 2007, prepared by Bennett Surveys, Inc., and appearing of record at Map No. 2007-72, Harnett County Registry. Reference to said plat of survey is hereby made for a greater certainty of description.

This property is conveyed subject to covenants and restrictions as set out in instruments recorded in Deed Book 2333, Page 209-216, and Book 1991, Page 838-846, Harnett County Registry.

This is the same property conveyed to Milton Built Homes, LLC by deed dated October 14/2010 and Recorded in Book 2796, Page 292-294, Harnett County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Deed Book 2796, Page 292-294, Harnett County Registry. A map showing the above described property is recorded at Map No. 2007-72, Harnett County Registry. The above described property \(\square\) does \(\square\) does not include the primary residence of the Grantor. TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grafitee 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 litle against the lawful claims of all persons whomsoever except for the exceptions hereinafter Title to the property hereinabove described is subject to the following exceptions: Any and all restrictions, roadway easements, and utility easements as may appear of record in the Harnett County Registry. 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 pame by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written. LIFON BUILT HOMES, LLC (SEAL) Stephen T. Milton, Member/Manager SEAL-STAMP NORTH CAROLINA, HARNETT COUNTY o Ka Son a Notary Public of the County and State aforesaid, certify that Stephen T. Milton Member/Manager of Milton Built Homes, LLC, a North Carolina limited liability company, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or 44 of 15 16 20 1. Johnson Printed Name of Notary Public My Commission Expires: