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:	armylange 1313@yahoo.co
NAME Angela S. D)ees	PHONE NUMBER	815-200-5672
PHYSICAL ADDRESS 504	Crystal Spi	ing Dr. So	armyange1313@yahoo.co 815-200-5672 unford, NC 27332
MAILING ADDRESS (IF DIFFFERENT			
IF RENTING, LEASING, ETC., LIST PI	ROPERTY OWNER NAME		
crestricw			
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular		[] Stick built [] Other	
Number of bedrooms 3	[] Basement		
Garage: Yes 🕅 No []	Dishwasher: Yes	≫}No []	Garbage Disposal: Yes Ŋ No []
Water Supply: [] Private Well	[] Community Syst	tem [/] County	,,
Directions from Lillington to your s	ite:		
In order for Environmental Heal	th to help you with your	rongie vou will nood to se	mply by completing the following:
1. A "surveyed and recorded	map" and "deed to your pro	operty" must be attached to	this application. Please inform us of any
wells on the property by sh	owing on your survey map.		
The outlet end of the tank a uncovered property lines f	and the distribution box will	need to be uncovered and p	roperty lines flagged. After the tank is
us at 910-893-7547 to conf	irm that your site is ready f	s marked, and the orange sig or evaluation	n has been placed, you will need to call
our system must be repaired with	n 30 days of issuance of the	Improvement Permit or the	e time set within receipt of a violation
etter. (Whichever is applicable.)			a description of the second of
By signing helow, I certify that all of	the chave information to		
he denial of the permit. The permi	is subject to revocation if t	orrect to the best of my know the site plan, intended use, o	wledge. False information will result in
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ignature		507101	8 4.2618
Buatare		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 [X]NO Also, within the last 5 years have you completed an application for repair for this site? []YES [X]NO
Year home was built (or year of septic tank installation) 2006
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? [] daily [] every other day 1 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 [X] 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
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
not having a problem, inspector said it isn't avainages
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 # OS-500 13335

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

18244

OPERATIONS PERMIT

Name: (owner) Tent Pience	Many Installation Plan at Many 1
	•
Property Location: SR# 1115 Subdivision CRestore Lot # 183 Tax ID	_ Nitrification Line
Contractor: Ted Brown	Registration #
Basement with Plumbing: Garage:	
Water Supply: Well Public Community Distance From Well: ft.	
Following are the specifications for the sewage dispo	osal system on above captioned property.
Type of system: Conventional Other 772	chips
Size of tank: Septic Tank: gallons Pur	mp Tank: gallons
Subsurface No. of exact length of each ditches of each ditch \(\frac{1}{2} \)	width of depth of ditches 17 ft. ditches 18 in.
French Drain Required: Linear feet	Date: 02-29-06
PERMIT NO. 22418	Inspected by: Jan LARS
MIP-1000-579-814 12-10-05	52
300 July 1	10 /10 /10 /10
J.)	

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 22418

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." Name: (owner) Kent Preace New Installation Septic Tank Repair Property Location: SR# 1115 Nitrification Line Expansion Lot # ______ Quadrant #_____ Subdivision CRE) TView Tax ID# Number of Bedrooms Proposed: 3(47x54) 362 gpd Lot Size: ,7 AL Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: ______ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other ____ Size of tank: Septic Tank: _____ gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of ditches ft. of each ditch 45 ft. ditches 3 ft. ditches 18 in. No. of Drainage Field French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. 10 25]0 112 122 Dr.VF 31 1115 Meet on site for Final Layout STUB out Plumbary I hallow at ground level or higher

HARNETT COUNTY TAX ID # 93958712 0020 46

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2012 Sep 27 04:01 PM NC Rev Stamp: \$ 0.00
Book: 3038 Page: 445 Fee: \$ 26.00
Instrument Number: 2012015628

This Instrument Prepared by: Curphey & Badget Law c/o Anthony A. Saffo, Esq. 5900-B Oleander Drive Wilmington, NC 28403 Ph: (866) 234-4329

QUIT CLAIM DEED

GRANTORS

ANGELA S. KENDRICK, a/s/a ANGELA S. HART, an unmarried woman, herein joined by her former spouse, JONATHAN MICHAEL HART

504 Crystal Spring Drive Sanford, NC 27332

Return To & Mail Tax Forms To:
Angela S. Kendrick, a/k/a Angela S. Hart
504 Crystal Spring Drive
Sanford, NC 27332

Order #: LTC-NC1217277

GRANTEE

ANGELA S. KENDRICK a/k/a ANGELA S. HART, an unmarried woman 504 Crystal Spring Drive Sanford, NC 27332

> Map & Parcel: 03958712-0020-48

Revenue Received: \$

Revenue Tax Stamps

Purchased:\$

Witnesseth, that said Grantors, for in consideration of the sum of ZERO (\$0.00) DOLLARS indicating NO REVENUE RECEIVED, and no other good and valuable considerations in hand paid by Grantee, the receipt whereof is hereby acknowledged, to hereby remise, release, convey and quitclaim unto the said Grantees, forever all the right, title, interest, claim and demand which the said Grantors have in and to the following described lot, piece or parcel of land, situate, lying and being in Lee County, North Carolina, to-wit:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

Parcel ID: 03958712-0020-48

Commonly known as 504 Crystal Spring Drive, Sanford, NC 27232

Submitted electronically by "Liberty Title Company, LLC" in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim
Whatsoever of the said first parties, either in law or in equity, to the only proper use, benefit and behalf of the said second party forever.
All or a portion of the property herein conveyed includes or does not the primary residence of Grantors.
NATIVESS WHEREOF, the Grantor has hereunto set a hand and seal this 24 day of
Inch DKordrick a ka Ingla SHATT
ANGELA S. HART STATE OF NORTH CAROLINA
COUNTY OF James Catt Co SS
a Notary Public of the County of Clouds
State of North Compline, do hereby certify that ANGELAS. KENDRICK, a/k/a ANGELAS. HART, personally appeared before me this and day of the due execution of the foregoing instrument.
Witness my hand and official-seal this 2 day of 4, 2012.
1// -01
Connie J Moore 7317154 Gloucester Course Va My Commission Expires:
Gloucester County VA My Commission Expires: Expires September 30, 2014 9-30-2014
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Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF HARTMENT, STATE OF North Carolina, AND IS DESCRIBED AS FOLLOWS:

BEING ALL OF LOT 183 IN A SUBDIVISION KNOWN AS " CRESTVIEW ESTATES, PHASE FOUR, ACCORDING TO A MAP OF SAME DULY RECORDED IN MAP BOOK 2003-PAGE-947, HARNETT COUNTY REGISTRY, NORTH CAROLINA.

Parcel ID: 03958712-0020-48

Commonly known as 504 CRYSTAL SPRING DR, Sanford, NC 27332 However, by showing this address no additional coverage is provided

PHUSE 2 MAP 2001-299 (78) / 79

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(255)

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PHASE 2 PHASE 2

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