

EH-1808-0007

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

Please call
prior to. 3
dogs use
doggie door

781-888-1030

Application for Repair

EMAIL ADDRESS: braznick1992@yahoo.com

NAME Sabrina Giannelli

PHONE NUMBER 781-888-1030

PHYSICAL ADDRESS 76 Spring Flowers Dr Cameron, NC 28326

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

Caroline Seasons

X13

1323 Ponderosa Tr.

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: 27 towards Cameron left onto

Ponderosa Tr.; left onto Ponderosa Road;

right onto Fern Ridge; right onto Green Links;

left onto Spring Flowers 76 on left.

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.


Signature

8/13/18
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 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) 2011 (?)
Installer of system _____
Septic Tank Pumper Caroline Pumping + septic
Designer of System _____

1. Number of people who live in house? 2 # adults _____ # children 2 # 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 Sabrina Giannelli

3. If you have a garbage disposal, how often is it used? daily [] weekly [] monthly
4. When was the septic tank last pumped? May 2018 How often do you have it pumped? 1st time
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 Citalopram metoprolol
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:

(I think) 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?
May 30 - got it pumped and now leaching field is over flowing

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 heavy rains + household guests
Purchased on April 24, 2018

HTE# 1052440122

Harnett County Department of Public Health

PERMIT # 26285

Operation Permit

21897

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: PONDEROSA TRAIL

Name: (owner) WATERMARK HOMES

SUBDIVISION CAROLINA SEASONS

LOT # 13

System Installer: HAROLD CARTER

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

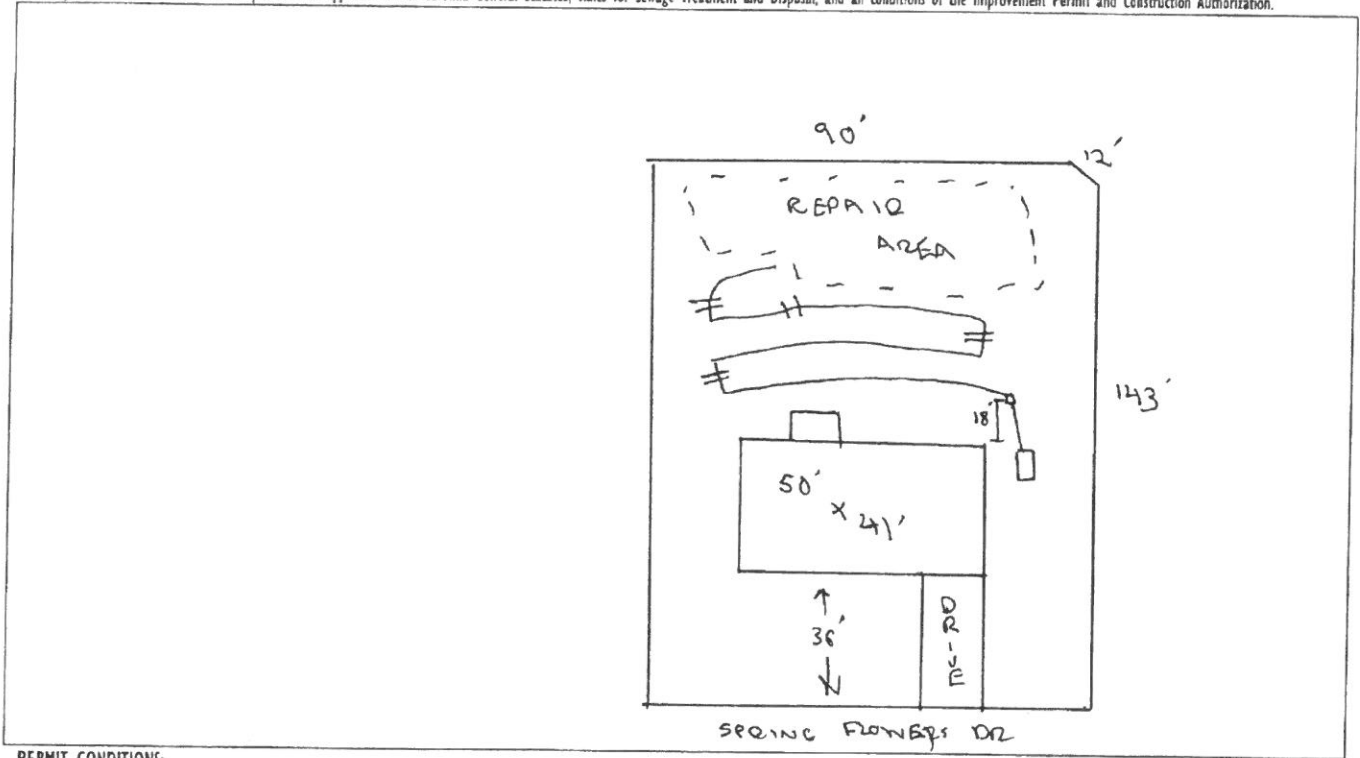
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: III S 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: _____

D-Box Pump Alarm H2O Line 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 Drainage Field: No. of ditches 1 exact length of each ditch 225 feet width of ditches 3 feet depth of ditches 12 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 2/17/11

HTE# 10-524401RR

Harnett County Department of Public Health Improvement Permit

26285

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: WATERMARK HOMES PROPERTY LOCATION: PONDEROSA TRAIL
 NEW REPAIR EXPANSION SUBDIVISION: CAROLINA SEASONS LOT # 13
 Type of Structure: SFO (9' x 9') 40' x 50' Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM
 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 100 feet Permit valid for: Five years
 Permit conditions: No expiration

Authorized State Agent: [Signature] RGMS Date: 10/6/10 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: WATERMARK HOMES PROPERTY LOCATION: PONDEROSA TRAIL
 Facility Type: SFO (9' x 9') 40' x 50' New Expansion Repair
 SUBDIVISION: CAROLINA SEASONS LOT # 13
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% REDUCTION SYSTEM (Repair))

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Number of trenches 1
 Pump Tank Size _____ gallons Exact length of each trench 225 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 12 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. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: MINIMUM OF 6" OF COVER NEEDED OVER DRAIN FIELD.
THIS PERMIT BASED ON A PROPOSAL FROM APPLICANTS SOIL SCIENTIST.

**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: _____ 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] RGMS Date: 10/6/10
Construction Authorization Expiration Date: 10/6/15

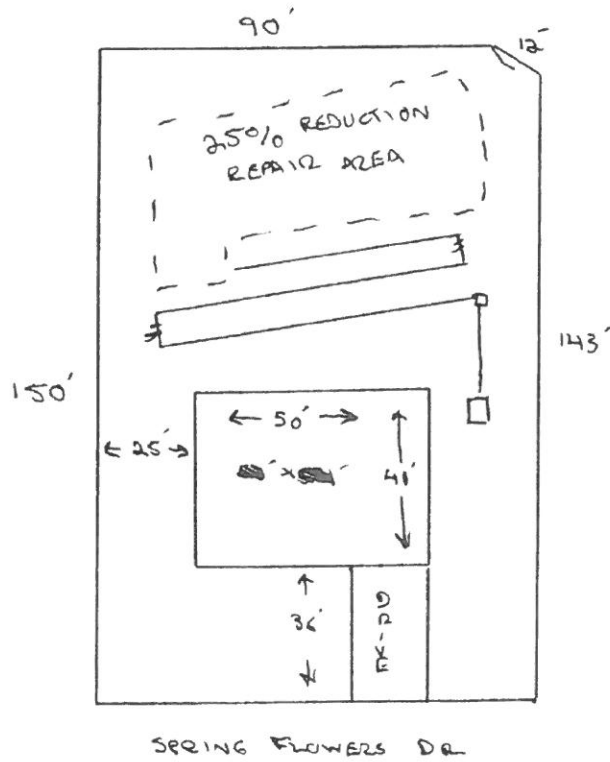
HTE# 10-5-24401R2

Permit # 26285

Harnett County Department of Public Health Site Sketch

ISSUED TO: Watermark Homes PROPERTY LOCATION: PONDEROSA TRAIL
SUBDIVISION CAROLINA SEASONS LOT # 13

Authorized State Agent: [Signature] REMS (OLIVER TOLYSON) Date: 10/6/10



lot 13CSG - permitting copy



Vicinity Map
(Not to Scale)



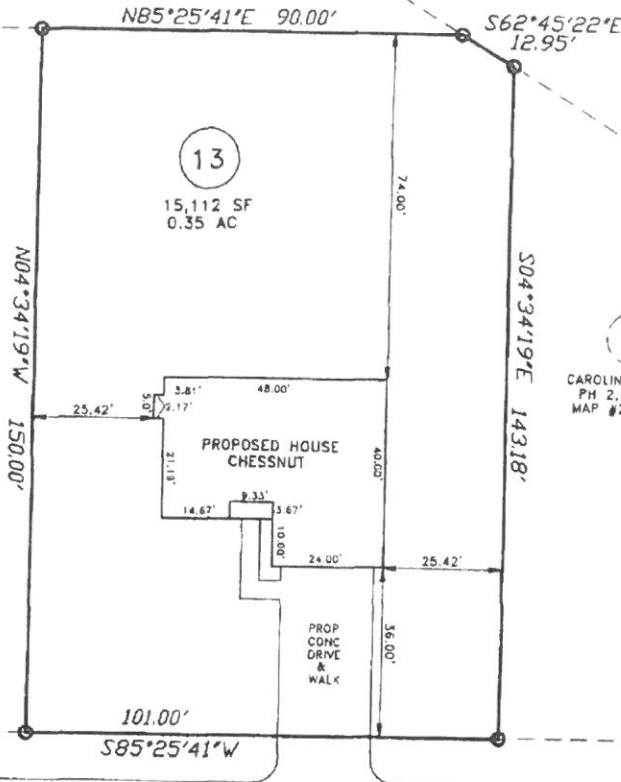
LEGEND
 R/W - RIGHT OF WAY
 DB - DEED BOOK
 PG - PAGE
 PROP - PROPOSED
 SF - SQUARE FEET
 AC - ACRE(S)
 CONC - CONCRETE
 PC - PLAT CABINET

16
 CAROLINA SEASONS
 PH 2, SECT 1
 MAP #2009-96

JOSEPHINE L. BULLARD
 9567-22-1421.000
 DB 1586, PG 940

14
 CAROLINA SEASONS
 PH 2, SECT 1
 MAP #2009-96

12
 CAROLINA SEASONS
 PH 2, SECT 1
 MAP #2009-96

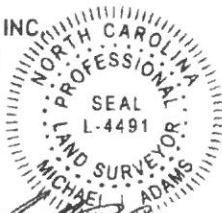


SPRING FLOWERS DRIVE
 50' PUBLIC R/W

PLOT PLAN

PROPERTY OF: WATERMARK HOMES INC.
ADDRESS: 76 SPRING FLOWERS DRIVE
CITY: NEAR CAMERON, NC
COUNTY: HARNETT
TAX PIN: 9567-02-6016.000

TOWNSHIP: JOHNSONVILLE
DATE: DECEMBER 11, 2009
REVISED: JULY 6, 2010
REVISED: SEPT 2, 2010
SCALE: 1" = 30'
REFERENCE: LOT 13
 CAROLINA SEASONS
 PHASE 2, SECT 1
 MAP#2009-96



MICHAEL J. ADAMS
 PLS-L-4491
 CFS NC-075

M.A.P.S. SURVEYING, INC.
 C-2589
 1306 FORT BRAGG ROAD
 FAYETTEVILLE, NC 28305
 PHN: (910)484-6432
 FAX: (910)778-9440
 DRAWN BY: MJA

- NOTES:**
- 1) THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE MAY BE PLACED IN IT'S ACCURACY.
 - 2) THIS MAP IS FOR PERMITTING PURPOSES ONLY.
 - 3) THIS MAP CAN NOT BE USED FOR RECORDATION OR ATTACHED TO A DEED TO BE RECORDED.
 - 4) THIS MAP IS NOT DRAWN IN ACCORDANCE WITH GS 47-30.

MINIMUM SETBACKS:
 35'-FRONT
 10'-SIDE
 25'-REAR



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC, INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION Carolina Seasons

LOT 13

INITIAL SYSTEM Approved 25% reduction

REPAIR Approved 25% reduction

DISTRIBUTION serial

DISTRIBUTION serial

BENCHMARK 100.0

LOCATION rear corner 12/13

NO. BEDROOMS 3

proposed UTA = 0.4 gal/ft²

<u>LINE</u>	<u>FLAG COLOR</u>	<u>ELEVATION</u>	<u>ACTUAL LENGTH</u>
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Initial

1	P	104.58	
2	W	103.58	80'
3A	P	103.08	80'
			65'
			<u>225'</u>
3B	P	103.08	
4	W	102.25	15'
5	P	101.50	80'
6	W	101.00	80'
			50'
			<u>225'</u>

BY m eaker

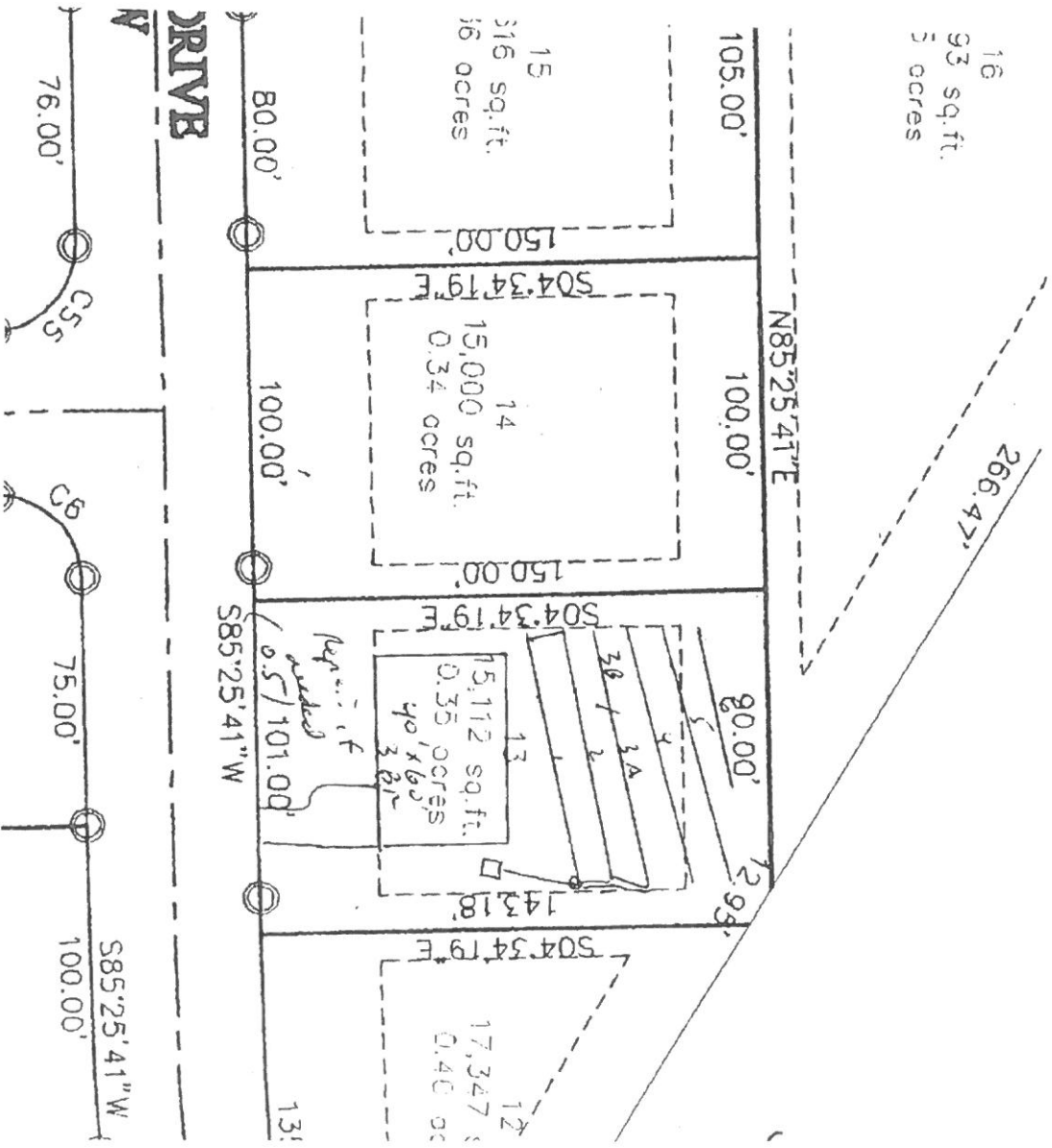
DATE 06/21/10

Install at 12" with 6"

Cover added

Typ Profile (worst bin)

0-10 US (6" x 6")
 10-36" 1/2" (F/F; 1/2")
 CC 2 @ 26"



1" = 50'
 Carolina Survey

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2018 Apr 26 11:37 AM NC Rev Stamp \$ 450.00
Book: 3599 Page 417 - 418 Fee \$ 26.00
Instrument Number: 2018005711

HARNETT COUNTY TAX ID #
09956702 0006 12

04-26-2018 BY: CW

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$450.00

Parcel Identifier No. 09956702 0006 12 Verified by _____ County on the _____ day of _____ 20__

By: Return to Single Source File JJ-16509-18-NM

Mail/Box to: Jeffrey E. Radford, The Law Office of Jeffrey E. Radford, 2653 Hope Mills Rd. Suite 10, Fayetteville, NC

This instrument was prepared by: The Law Office of Jeffrey E. Radford, 2653 Hope Mills Rd. Suite 10, Fayetteville, NC 28306

Brief description for the Index: LOT 13, SEC 1, Carolina Seasons

THIS DEED made this 24 day of April, 2018 by and between

GRANTOR
Conceptual Properties Holding Company, LLC
439 Emerald Trace
Jonesboro, GA 30236

GRANTEE
Sabrina Giannelli, Single
76 Spring Flowers Drive
Cameron, NC 28326

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

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, parcel of land or condominium unit situated in the City of Cameron Township Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 13, in a subdivision known as Carolina Seasons, Section 1, Phase 2 and the same being duly recorded in Plat Book 2009, Page 96-99, Harnett County Registry, North Carolina.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3276 page 906
All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 2009 page 96

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, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

By: Conceptual Properties Holding Company, LLC (SEAL)
 (Entity Name) Print/Type Name: _____
 By: Teresa A. Johnson (SEAL)
 Print/Type Name & Title: Member/Manager Print/Type Name: _____
 By: _____ (SEAL)
 Print/Type Name & Title: _____ Print/Type Name: _____
 By: _____ (SEAL)
 Print/Type Name & Title: _____ Print/Type Name: _____

State of _____ County or City of _____
 I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20____.

My Commission Expires: _____ Notary Public
 (Affix Seal) Notary's Printed or Typed Name _____

State of _____ County or City of _____
 I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20____.

My Commission Expires: _____ Notary Public
 (Affix Seal) Notary's Printed or Typed Name _____

State of Georgia County or City of Henry
 I, the undersigned Notary Public of the County or City of Henry and State aforesaid, certify that Teresa A. Johnson personally came before me this day and acknowledged that she is the Member/Manager of Conceptual Properties Holding, a North Carolina or Texas corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, she signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this 07th day of April, 2018.

My Commission Expires: 07/29/2018 Notary Public
 (Affix Seal) Rachel Hillard Notary's Printed or Typed Name _____

