

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

"Complaint"
call to confirm findings
permit or no permit
please - renters to leave.
renters have until
end of month..
EMAIL ADDRESS: tsfretwell17@gmail.com

Application for Repair

NAME Terri S. Fretwell (female) PHONE NUMBER 919-801-1561

PHYSICAL ADDRESS to 480 James Norris Rd, Angier, NC 27501

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 6016 River Landings Dr, Raleigh, NC 27604

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME Terri S. Fretwell

Sunshine Acres Lot 2
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 2 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site: _____
Hwy 210 - (R) on James Norris - approx 2-3 miles
on (R) - 480 on mail box.

- 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. *emailed no conflict*

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.

Terri S. Fretwell 8/31/18
Signature Date

9/19/18
N

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) _____
Installer of system _____
Septic Tank Pumper David Brantley last pumped septic tank
Designer of System _____

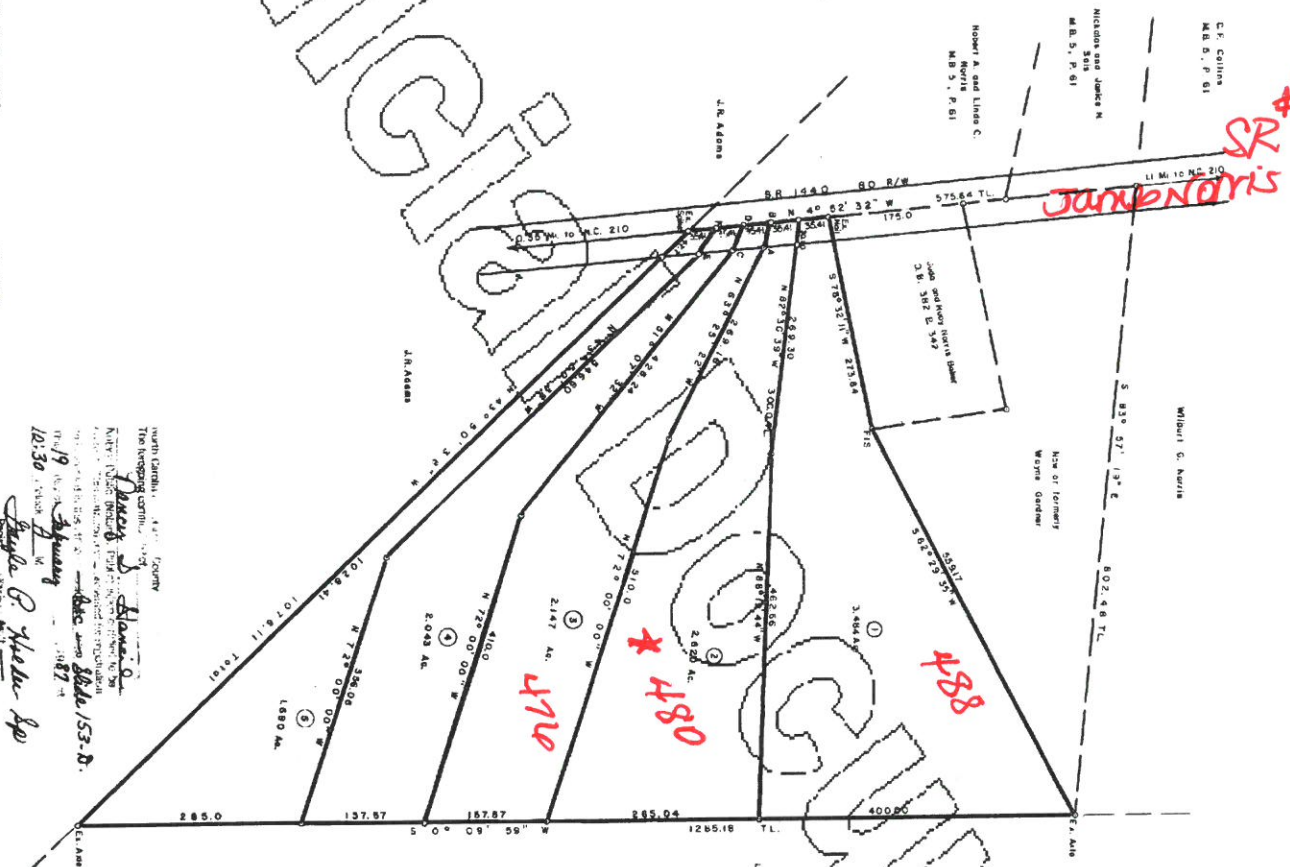
1. Number of people who live in house? 2 # adults 2 # children 4 # total
2. What is your average estimated daily water usage? _____ gallons/month or day _____ county water. If HCPU please give the name the bill is listed in Terri S. Fretwell
3. If you have a garbage disposal, how often is it used? daily weekly monthly none
4. When was the septic tank last pumped? about 5 yrs ago How often do you have it pumped? _____
5. If you have a dishwasher, how often do you use it? daily N/A 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 _____
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 NO
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? Problem was noticed on 8-27-18 after a lot of rain + renters left water hose running + toilet in hallway bathroom was running constant. Fixed toilet/water running dry until the storm
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 running water hose, toilet + heavy rains

RECORDED HARNETT CO. PLAT CAB.

SLIDE

A-B N 82° 41' 53" W 30.67
C-D N 72° 15' 06" W 32.30
E-F N 00° 18' 03" W 38.92

NEIGHBORHOOD MAP



WORTH CAROLINA...
THE HARNETT COUNTY...
PLAT...
1987...
1987...
1987...



Block River, Town of Harnett, Harnett Co., N.C.
Surveyed & Mapped By
STANCLIFF & ASSOCIATES,
Registered Land Surveyor, P.A.
P. O. Box 730, Angier, N.C. 27501 639-8133

JOHNSTON CO., NORTH CAROLINA
I, a Notary Public of the County and State aforesaid, certify that I have personally known the above named persons and they are the persons who have executed the foregoing instrument, and they have acknowledged the execution of the same to me in my office as aforesaid, on the 27th day of January, 1987.
Notary Public for Johnston County, N.C.
My Commission Expires: Jan. 4, 1988

NORTH CAROLINA
HARNETT COUNTY
The foregoing certificate of MARY S. STANCLIFF, a Notary Public, is hereby certified to be correct and true for the purpose of registration in the public records of Harnett County, North Carolina, on the 27th day of January, 1987.
Notary Public for Harnett County, N.C.
My Commission Expires: Jan. 4, 1988

1987...
1987...
1987...



HARNETT COUNTY TAX ID#

04-0663-0151-02

531.00 BY SKB

FOR REGISTRATION REGISTER OF DEEDS

KIMBERLY S. HARGROVE
HARNETT COUNTY, NC

2006 MAY 31 03:17:33 PM

BK:2234 PG:6-8 FEE:\$17.00

NC REV STAMP:\$88.00

INSTRUMENT # 2006009933

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: # 88

Parcel Identifier No. 040663015102 Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail/Box to: Ray McLean, Attorney* P.O. Drawer 668, Coats, NC 27521

This instrument was prepared by: Ray McLean, Attorney

Brief description for the Index: Lot 2, Sunshine Acres S/D

THIS DEED made this 30 day of May, 2006, by and between

GRANTOR

Kevin Lamar Adams (unmarried)
*

GRANTEE

Melvin Smith
P.O. Box 51
Angier, NC 27501

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 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 the City of _____, Neills Creek Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 2 Sunshine Acres Subdivision, as recorded in Plat Cabinet C, Slide 153D of the Harnett County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1963 page 374.


A map showing the above described property is recorded in Plat Book C page 153D.

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:
 Property is subject to restrictions and easements recorded in Book 831, page 151, and in Book 841, page 702 of the Harnett County Registry.


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

 (Entity Name) Kevin Lamar Adams (SEAL)
 By: _____ (SEAL)
 Title: _____
 By: _____ (SEAL)
 Title: _____
 By: _____ (SEAL)
 Title: _____

USE BLACK INK ONLY

SEAL-STAMP

 USE BLACK INK ONLY State of North Carolina - County of Harnett
 I, the undersigned Notary Public of the County and State aforesaid, certify that _____
Kevin Lamar Adams 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 30 day of May, 2006.
 My Commission Expires: 7-31-2006
Tina J. Arrington Notary Public

USE BLACK INK ONLY State of North Carolina - County of _____
 I, the undersigned Notary Public of the County and State aforesaid, certify that _____
 _____ personally came before me this day and
 acknowledged that he is the _____ of _____,
 a North Carolina or _____ corporation/limited liability company/general partnership/limited
 partnership (strike through the inapplicable), and that by authority duly given and as the act of each entity,
 he signed the forgoing instrument in its name on its behalf as its act and deed. Witness my hand and
 Notarial stamp or seal this _____ day of _____, 20__.
 My Commission Expires: _____
 _____ Notary Public

SEAL-STAMP

 USE BLACK INK ONLY State of North Carolina - County of _____
 I, the undersigned Notary Public of the County and State aforesaid, certify that _____

 Witness my hand and Notarial stamp or seal this _____ day of _____, 20__.
 My Commission Expires: _____
 _____ Notary Public

The foregoing Certificate(s) of _____ is/are certified to be correct.
 This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.
 _____ Register of Deeds for _____ County
 By: _____ Deputy/Assistant - Register of Deeds

[Print this page](#)**Property Description:**

LOT 2 SUNSHINE ACRES S/D PC#C-153D

Harnett County GIS

PID: 040663 0151 02

PIN: 0663-71-8221.000

REID: 0012427

Subdivision:

Taxable Acreage: 2.620 AC ac

Caclulated Acreage: 2.72 ac

Account Number: 1400039833

Owners: WARD TERRI SMITH

Owner Address : 6016 RIVER LANDINGS DRIVE RALEIGH, NC 27604-0000

Property Address: 480 JAMES NORRIS RD ANGIER, NC 27501

City, State, Zip: ANGIER, NC, 27501

Building Count: 0

Township Code: 04

Fire Code:

Parcel Building Value: \$0

Parcel Outbuilding Value : \$0

Parcel Land Value : \$31340

Parcel Special Land Value : \$0

Total Value : \$31340

Parcel Deferred Value : \$0

Total Assessed Value : \$31340

Neighborhood: 00400

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 10 / 2009

Sale Price: \$0

Deed Book & Page: 9E-0544

Deed Date: 2009/10/02

Plat Book & Page: -

Instrument Type: WL

Vacant or Improved:

QualifiedCode: D

Transfer or Split: T

Prior Building Value: \$0

Prior Outbuilding Value : \$0

Prior Land Value : \$32960

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$32960





Harnett County Government Complex
307 W. Cornelius Harnett Boulevard
Lillington, NC 27546

ph: 910-893-7547
fax: 910-893-9371

August 21, 2018

Terri Smith Ward
6016 River Landings Drive
Raleigh, NC 27604

← Ownership passed thru Estate BK 9E PG.544

RE: Failing system located at: 480 James Norris Rd, Angier, NC. PIN# 0663-71-8221

Mr. Ward,

An on-site inspection was made on your property on August 20th, 2018 made by an Environmental Health Specialist and observed a failing septic system.

You are hereby notified that you are violating the Rules and Regulations adopted by the North Carolina Commission for Health Services in accordance with requirements of Article 11 Chapter 130A-335 (a) of General Statutes of North Carolina. Any person owning or controlling a residence, place of business, or place of public assembly containing water using fixtures connected to a water supply source shall discharge all wastewater directly to an approved wastewater system permitted for that specific use. A wastewater system may include components for collection, treatment and disposal of wastewater.

We request that you contact the Health Department within 7 days in order to obtain an improvement permit. **You are required to correct this problem within 30 days from this date.** You will be required to bring a **recorded survey map, deed,** and fill out a repair application in order to obtain an improvement permit. Please be advised that any action you may take without an improvement permit does not absolve you of the responsibility for correcting this public health problem, according to health department standards. The continuation of this violation may constitute a health hazard, and **if you do not comply within the allotted time frame we will be forced to obtain legal action.**

I can be contacted at 893-7547 Monday-Friday, from 8:00-9:00 a.m.

Sincerely,

James Manhart III, R.E.H.S.
Environmental Health Program Specialist
Harnett County Department of Public Health

JM/kh

Enclosure(s)

7016 0600 0000 5904 9429

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE


Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Terri Smith Ward	
Street and Apt. No., or PO Box No. 6016 River Landing Dr	
City, State, ZIP+4® Raleigh NC 27604	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *EM*

1. Article Addressed to:
 Terri Smith Ward
 6016 River Landing Dr
 Raleigh, NC 27604



9590 9402 1782 6074 2985 05

2. Article Number (Transfer from service label)
 7016 0600 0000 5904 9429

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
James C. Freeman Agent Addressee

B. Received by (Printed Name)
 James C. Freeman

C. Date of Delivery
 8/27/18

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt