

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: irishmelodie

NAME Drew Bevis PHONE NUMBER 919-316-8180

PHYSICAL ADDRESS 174 Meredith Lane, Fugay Varina

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

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: left on 401

right onto Chalybeate

left onto Meredith

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.

Lisa Motrie _____ 10/10/18
Signature Date

as real estate agent

10-22-18
10

to: emoore@fmrealty.com

HTE# 12-5-259392

Harnett County Department of Public Health

22486

PERMIT # 27218

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 5X1441 Chalybeate Springs RD

Name: (owner) Comfort Homes INC

SUBDIVISION Meredith Station

LOT # 12

System Installer: Russell Phillip

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

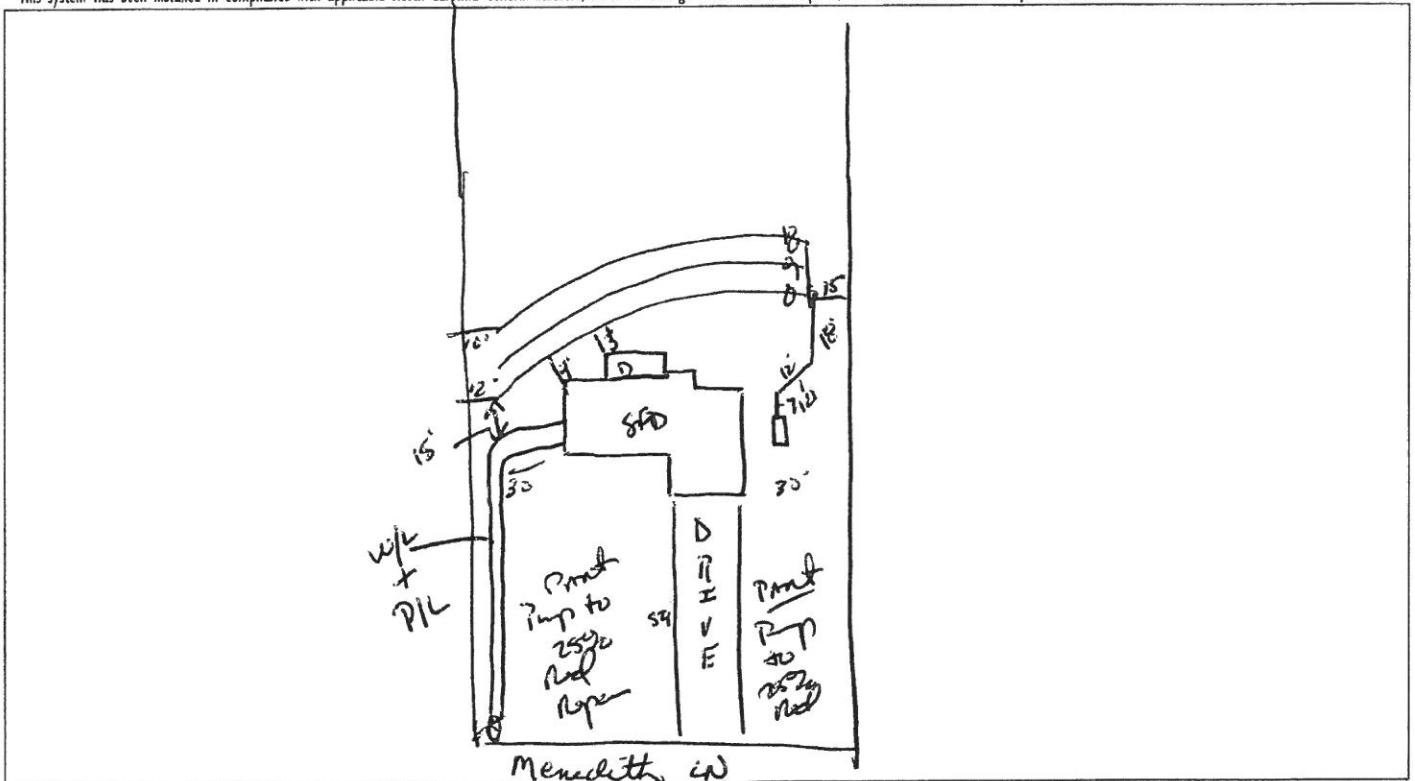
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% Reducer System Type III C Chalybeate Springs 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 25% Reducer System Septic Tank: _____ gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 feet width of ditches 3 feet depth of ditches 20-218 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Mark

Date 1-22-13

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 _____

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 _____
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 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 _____
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?

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 drove over drain field

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2013 MAY 16 12:00:35
BK:3117 PG:698-699
FEE: \$26.00
EXCISE TAX: \$288.00
INSTRUMENT # 2013008315
TWESTER



HARNETT COUNTY TAX ID#

08 0654 0139 11

5/16/13 BY SCB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 288.00

Parcel Identifier No. 08 0654 0139 11 Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail/Box to: GRANTEE

This instrument was prepared by: Andrew S. Martin, Attorney at Law, 1026 Washington Street, Raleigh, NC 27605

Brief description for the Index: LOT 12, MEREDITH'S STATION

THIS DEED made this 15th day of May, 2013 by and between

GRANTOR

GRANTEE

COMFORT HOMES, INC.
P.O. BOX 369
CLAYTON, NC 27528

DREW M. BEVIS
174 MEREDITH LANE
FUQUAY VARINA, NC 27526

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 or parcel of land situated in the City of FUQUAY VARINA, Township, HARNETT County, North Carolina and more particularly described as follows:

BEING all of Lot 12, Meredith's Station Subdivision, as shown on map recorded in Plat Book 2012, Page 297-299 (297), Harnett County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3057 page 21

All or a portion of the property herein conveyed includes or does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 2012 page 297

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:

Restrictions, easements and rights of way of record, and ad valorem taxes for the current year.

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

COMFORT HOMES, INC. (Entity Name) Print/Type Name: (SEAL)

By: Julian R. Stewart, President Print/Type Name: (SEAL)

By: Print/Type Name: (SEAL)

By: Print/Type Name: (SEAL)

State of North Carolina - 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: (Affix Seal) Notary's Printed or Typed Name

State of North Carolina - County or City of Wake I, the undersigned Notary Public of the County or City of Wake and State aforesaid, certify that Julian R. Stewart personally came before me this day and acknowledged that he is the President of Comfort Homes, Inc. 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 such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this 15 day of May, 2013

My Commission Expires: (Affix Seal) Andrew S. Martin Notary's Printed or Typed Name Notary Public

ANDREW S. MARTIN NOTARY PUBLIC WAKE COUNTY, N.C. My Commission Expires 3-1-2014.

