

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

Bring houses  
com

NAME Jim Mohlen Agent EMAIL ADDRESS: AGENT@  
Mohlen Enterprises PHONE NUMBER 910 423 8071

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) PO Box 48146 Cumberland NC

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME TROY A. HEEGARD 28371

SUBDIVISION NAME Highland Forest LOT #/TRACT # 34 STATE RD/HWY 86 LANSING CT SIZE OF LOT/TRACT 1/2 ACRE +/-

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: off Buffalo Lakes Rd

**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 Jim Mohlen Date 3/19/2019

4-24-19

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) \_\_\_\_\_
Installer of system \_\_\_\_\_
Septic Tank Pumper \_\_\_\_\_
Designer of System \_\_\_\_\_

1. Number of people who live in house? 2 # adults 3 # children 5 # 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 [X] NO Where does it drain? \_\_\_\_\_

8. Do you use an "in tank" toilet bowl sanitizer? [ ] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [ ] YES [X] NO If yes please list \_\_\_\_\_
10. Do you put household cleaning chemicals down the drain? [ ] YES [X] NO If so, what kind? \_\_\_\_\_

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [ ] YES [X] NO
12. Have you installed any water fixtures since your system has been installed? [ ] YES [X] 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 [X] 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:
[X] Power [X] Phone [X] Cable [ ] Gas [X] Water

16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?
Sewage on top of ground

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 [X] NO If Yes, please list \_\_\_\_\_

HTE 04-5-9589

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

16566

# OPERATIONS PERMIT

Name: (owner) KENT PIERCE INC  New Installation  Septic Tank  
 Property Location: SR# 1141 ALPINE RD  Repairs  Nitrification Line  
 Subdivision HIGHLAND FOREST Lot # 34  
 Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_  
 Contractor: TED BROWN Registration # \_\_\_\_\_

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system:  Conventional  Other TIRE CHIPS

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

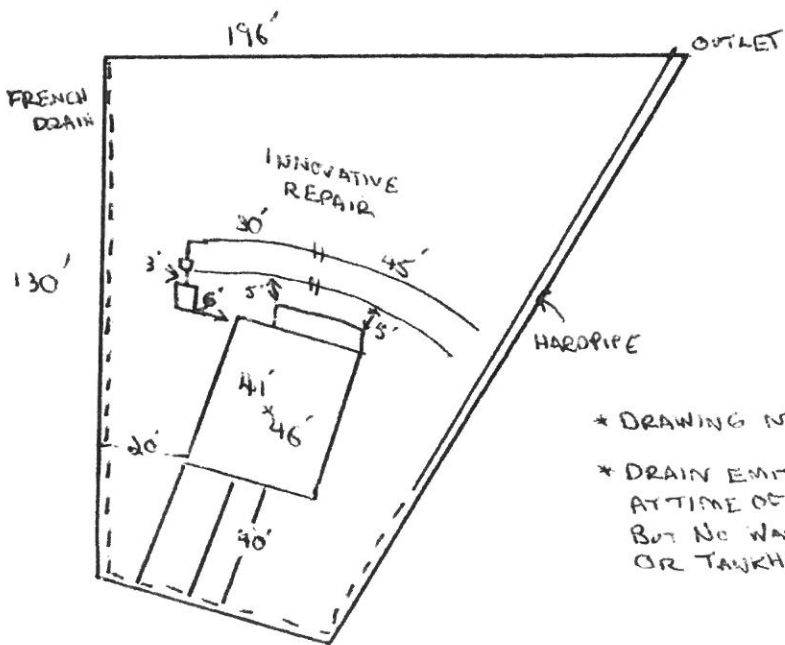
Subsurface	No. of	exact length	width of	depth of
Drainage Field	ditches <u>2</u>	of each ditch <u>75</u> ft.	ditches <u>3</u> ft.	ditches <u>30-18</u> in.

French Drain Required: 400 TOTAL Linear feet  
225' DRAIN  
175' HAROPIPE TO OUTLET

Date: 11/3/04

Inspected by: [Signature]  
Environmental Health Specialist

PERMIT NO. 20935



- \* DRAWING NTS
- \* DRAIN EMITTING WATER AT TIME OF FINAL INSPECTION BUT NO WATER IN SYSTEM OR TANKHOLE

HARNETT COUNTY HEALTH DEPARTMENT

20935

HTE 04-5-9589

**IMPROVEMENT PERMIT**

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 PIERCE INC  New Installation  Septic Tank  
 Property Location: SR# 1141 ALPINE RD  Repairs  Nitrification Line

Subdivision HIGHLAND FOREST Lot # 34

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .38ac

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50 ft.

**Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.**

Type of system:  Conventional  Other \_\_\_\_\_

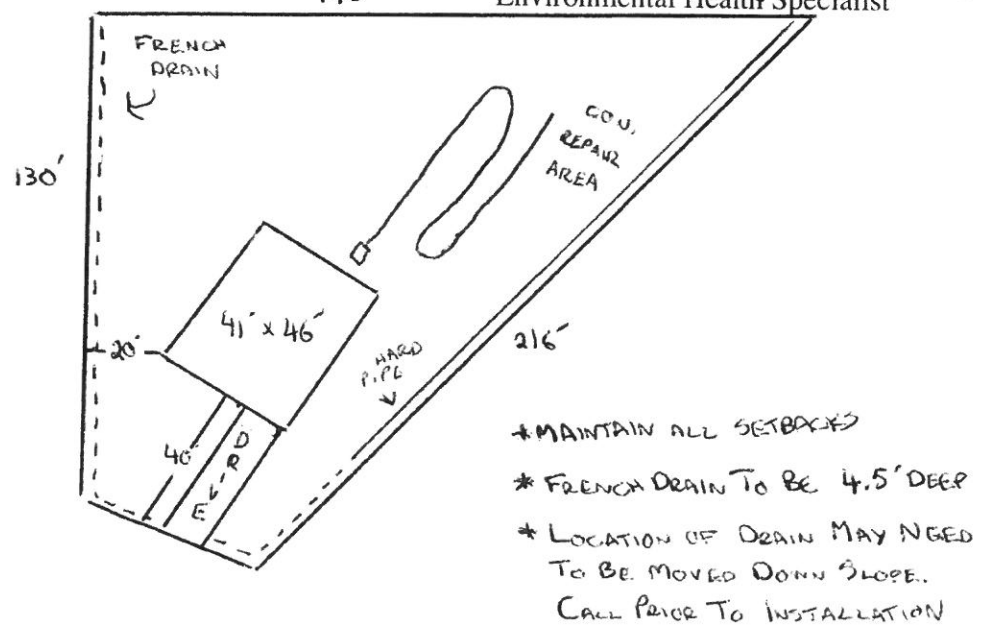
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

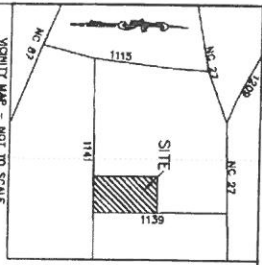
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 30 in.

French Drain Required: 400 total Linear feet  
225 p.p.e rock  
175 hard pipe to outlet

Date: 7/19/04  
 Signed: [Signature] RS (OLIVER TOLKS DORF)  
 196' Environmental Health Specialist

**This permit is subject to revocation if site plans or intended use change.**



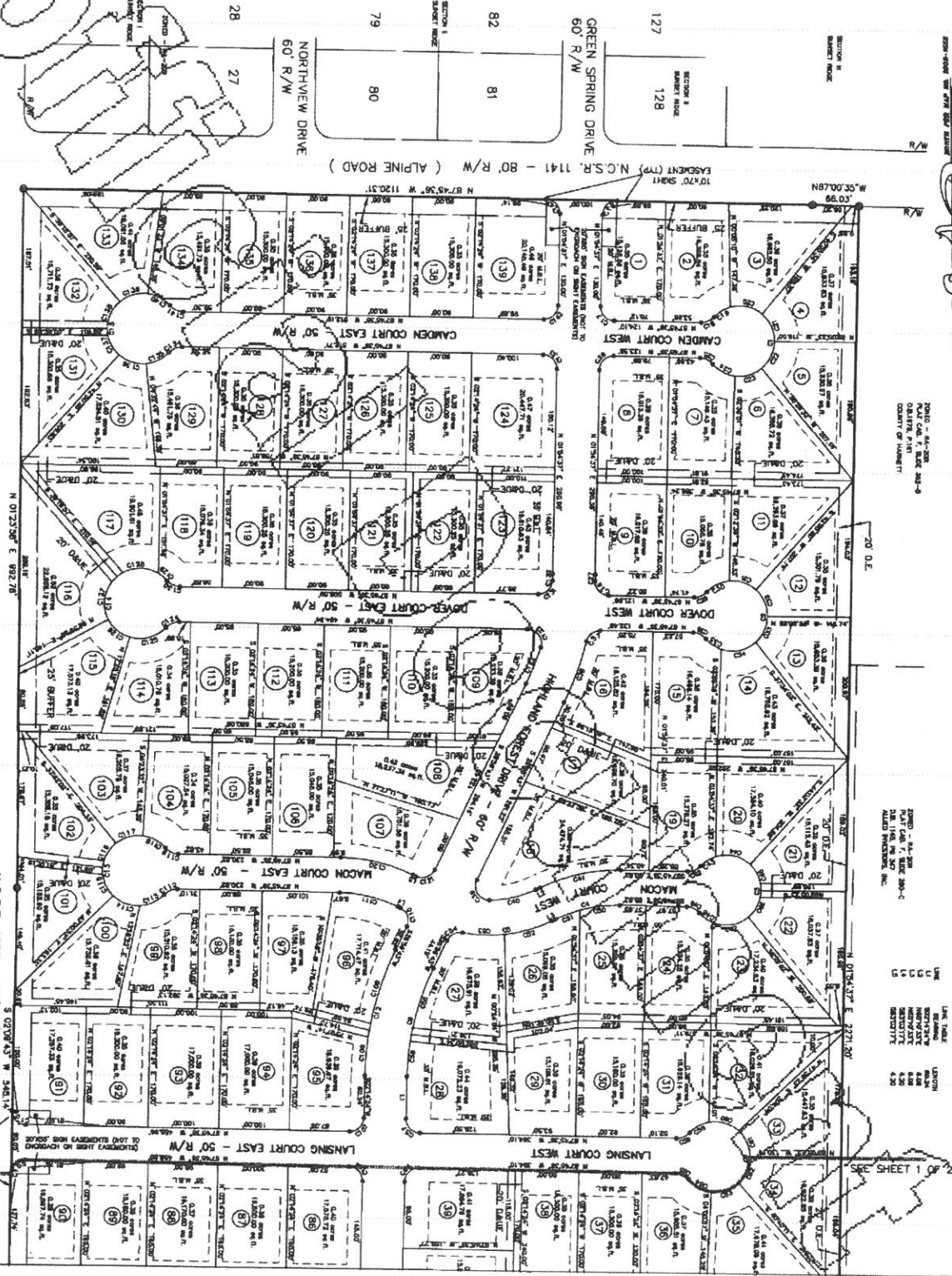


DEPARTMENT OF TRANSPORTATION  
DIVISION OF HIGHWAYS  
PROPOSED SUBDIVISION ROAD  
CONSTRUCTION STANDARD CERTIFICATION  
E. P. STAFF  
APPROVED 11-25-03  
DATE

NOTE: NEW ROW STAGES SET @ ALL NEW LOT CORNERS.

MAP # 2003-1165  
FINAL PLAN  
HIGHLAND FOREST  
PREPARED FOR  
NPS ASSOCIATES  
BARBERA, HARRIS & COMPANY, INC.  
BENNETT SURVEYS, INC.  
1810 CLARK RD., DILLON, NC 27246  
PHONE: 919-285-9232 FAX: NOVEMBER 24, 2003  
JOB #0396 PLOT NAME: NPS ASSOCIATES  
GRAPHIC SCALE

( IN FEET )  
1 INCH = 100 FT  
SHEET 2 OF 2



BOUNDARY SURVEY  
PLAT NO. 1-16-200-4  
COUNTY OF HARRIS

BOUNDARY SURVEY  
PLAT NO. 1-16-200-4  
COUNTY OF HARRIS

BOUNDARY SURVEY  
PLAT NO. 1-16-200-4  
COUNTY OF HARRIS



*John A. Bennett*  
Surveyor

LEGEND  
1. UNIMPROVED LOT  
2. IMPROVED LOT  
3. EASEMENT  
4. RIGHT-OF-WAY  
5. BOUNDARY SURVEY  
6. CONSTRUCTION STANDARD CERTIFICATION

REMARKS  
1. THIS PLAN IS A PART OF A LARGER PLAN.  
2. THE TOTAL AREA OF THIS PLAN IS 17.00 ACRES.  
3. THE TOTAL AREA OF THE LARGER PLAN IS 17.00 ACRES.  
4. THE TOTAL AREA OF THE LARGER PLAN IS 17.00 ACRES.

NO. 1 SHEET 2 OF 2  
EASMENT (79)  
107.270' SPACED

EXCLUSIVE PROPERTY MANAGEMENT AGREEMENT
Long-term Rental Property

This Exclusive Property Management Agreement is entered into by and between Troy A. Heegard, Leah E. Heegard ("Owner") and Mohler Enterprises, Inc. ("Agent").

IN CONSIDERATION of the mutual covenants and promises set forth herein, Owner hereby contracts with Agent, and Agent hereby contracts with Owner, to lease and manage the property described below, as well as any other property Owner and Agent may from time to time agree in writing will be subject to this Agreement (the "Property"), in accordance with all applicable laws and regulations, upon the terms and conditions contained herein.

1. Property. City: Sanford County: Harnett, NC
Street Address: 86 Lansing Court Zip Code: 27332
Other Description:

2. Duration of Agreement. This Agreement shall be binding when it has been signed and dated below by Owner and Agent. It shall become effective on September 22, 2014 ("Effective Date") and shall be for an initial term of Two Years. NOT LESS THAN 60 DAYS PRIOR TO THE CONCLUSION OF THE INITIAL TERM, EITHER PARTY MAY NOTIFY THE OTHER PARTY IN WRITING OF ITS DESIRE TO TERMINATE THIS AGREEMENT, IN WHICH CASE IT SHALL TERMINATE AT THE CONCLUSION OF THE INITIAL TERM. IF NOT SO TERMINATED, THIS AGREEMENT SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE TERMS OF One Year EACH UNLESS EITHER PARTY GIVES THE OTHER PARTY WRITTEN NOTICE OF ITS DESIRE TO TERMINATE THIS AGREEMENT AT LEAST 60 DAYS PRIOR TO THE CONCLUSION OF ANY SUCH RENEWAL TERM, IN WHICH CASE THIS AGREEMENT SHALL TERMINATE AT THE CONCLUSION OF SUCH TERM. If Owner terminates this Agreement within 60 days of the Effective Date, Owner shall pay Agent a termination fee of \$100.00 or the balance of any management fees due through the term of any lease negotiated by the Agent whichever is higher.

3. Agent's Fee. For services performed hereunder, Owner shall compensate Agent in the following manner:
[X] A fee equal to Ten Point Zero percent (10.000 %) of gross rental income received on all rental agreements, or \$ 75.00 per month, whichever is greater.
[X] Other (describe method of compensation): Any supervision of repairs or improvements that require on site visit, a per trip charge of \$50.00 charged to Landlord by Agent.

Agent may deduct Agent's Fee from gross receipts and collections received before remitting the balance of the receipts and collections to Owner. Note: No fees may be deducted from any tenant security deposit until the termination of the tenancy. Thereafter, any fees due Agent from Owner may be deducted from any portion of the security deposit due to Owner.

4. Other Fees: Agent may charge tenants reasonable administrative fees permitted by law and retain any such fees, including but not limited to, fees to cover the costs of processing tenant rental applications. If, in Agent's discretion, tenant leases provide for late payment fees and/or returned check fees, such fees, when collected by Agent, shall belong to Late fee 50/50 Owner/Agent Ret Ck Fee to Agent (Owner or Agent). Fees for purposes covered under the Tenant Security Deposit Act will be collected, held and disbursed in accordance with paragraphs 9 and 10 of this Agreement.

- 5. Authority and Responsibilities of Agent. During the time this Agreement is in effect, Agent shall:
(a) Manage the Property to the best of Agent's ability, devoting thereto such time and attention as may be necessary;
(b) OFFER THE PROPERTY FOR RENT IN COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS, REGULATIONS AND ETHICAL DUTIES, INCLUDING BUT NOT LIMITED TO, THOSE PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, FAMILIAL STATUS, SEXUAL ORIENTATION OR GENDER IDENTITY IN THE LEASING OF THE PROPERTY;
(c) Use Agent's best efforts to solicit, secure and maintain tenants, including the authority to negotiate, execute, extend and renew leases in Owner's name for terms not in excess of One Year;
(d) Collect all rentals and other charges and amounts due under tenant leases and give receipts for amounts so collected;
(e) Deliver to Owner within 45 days following the date of execution of any rental agreement an accounting which sets forth the name of the tenant, the rental rate and rents collected, and promptly provide a copy of any rental agreement to Owner upon reasonable request;



North Carolina Association of REALTORS®, Inc.

Owner Initials [Signature] Agent Initials [Signature]



STANDARD FORM 401
Revised 7/2014
© 7/2014

FOR REGISTRATION REGISTER OF DEEDS  
KIMBERLY S HARGROVE  
HARNETT COUNTY, NC  
2007 JUL 23 04:49:27 PM  
BK:2404 PG:254-256 FEE:\$17.00  
NC REV STAMP:\$340.00  
INSTRUMENT # 2007013278

HARNETT COUNTY TAX ID#

03-4587-1D-0020-74

7-23-07 BY DHO

**NORTH CAROLINA GENERAL WARRANTY DEED**

Excise Tax. \$ 340 00

Parcel Identifier No. 03958710-002074 Verified by \_\_\_\_\_ County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_

Mail/Box to REGINALD B KELLY, PO BOX 1118, LILLINGTON, NC 27546

This instrument was prepared by REGINALD B KELLY, 900 S MAIN STREET, LILLINGTON, NC 27546

Brief description for the Index. \_\_\_\_\_

THIS DEED made this 18 day of July, 2007, by and between

GRANTOR	GRANTEE
RYAN J D'ANDREA and wife, CIIJ L D'ANDREA 42 MANILLA LANE HAMPTON, VA 23669	TROY ALAN HEEGARD and wife, LEAH ELIZABETH HEEGARD 86 LANSING COURT WEST SANFORD, NC 27332

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 SANFORD, BARBECUE Township, HARNETT County, North Carolina and more particularly described as follows:  
BEING ALL OF LOT 34 OF HIGHLAND FOREST SUBDIVISION AS RECORDED IN MAP NUMBER 2003-1163 AND MAP NUMBER 2003-1165, HARNETT COUNTY REGISTRY, NORTH CAROLINA

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2052 page 404.

A map showing the above described property is recorded in Plat Book \_\_\_\_\_ page \_\_\_\_\_.

NC Bar Association Form No. L-3 © 1976, Revised © 1977, 2002  
Printed by Agreement with the NC Bar Association - 1981 SoftPro Corporation, 333 E. Six Forks Rd, Raleigh, NC 27609

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.

\_\_\_\_\_  
 (Entity Name) Ryan J D'Andrea (SEAL)  
 RYAN J D'ANDREA

By \_\_\_\_\_  
 Title \_\_\_\_\_ Civil (SEAL)  
 CUI L D'ANDREA

By \_\_\_\_\_ (SEAL)  
 Title: \_\_\_\_\_

By: \_\_\_\_\_ (SEAL)  
 Title: \_\_\_\_\_

State of North Carolina - County of City of Hampton State of Virginia  
 I, the undersigned Notary Public of the County and State aforesaid, certify that RYAN J D'ANDREA AND WIFE,  
CUI L D'ANDREA 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 18 day of April, 2007

My Commission Expires: N/A STATE OF VIRGINIA Sgt USAF  
NOTARY BY FEDERAL STATUTE  
10 U.S.C. 1044a  
LAW ART 51-604 Notary Public

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 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires: \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

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