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

	E	MAIL ADDRESS: + taylor	circle drive egman
NAME Jeannette Taylo	<i>r</i> PH	ONE NUMBER 919-4	98-6674
PHYSICAL ADDRESS 36 Tiggr	Tank Ct. Bro	aducy, N.C 2	7505
MAILING ADDRESS (IF DIFFFERENT THAN F	PHYSICAL)	0	
IF RENTING, LEASING, ETC., LIST PROPERTY	OWNER NAME		
Patonspoint			
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mo	obile Home [\stick bu	uilt [] Other	
Number of bedrooms [] Base			
Garage: Yes [No []	Dishwasher: Yes [No []	Garba	ge Disposal: Yes [\ No [\]
Water Supply: [] Private Well	Community System	[County	
Fagle, 2nd right	y 27 to Tin	gen Rd- Left t	o Strike
In order for Environmental Health to he 1. A "surveyed and recorded map" ar wells on the property by showing o 2. The outlet end of the tank and the cuncovered, property lines flagged, us at 910-893-7547 to confirm that Your system must be repaired within 30 day letter. (Whichever is applicable.) By signing below, I certify that all of the aboth the denial of the permit. The permit is subjective.	nd "deed to your property" mun n your survey map. distribution box will need to be underground utilities marked, a your site is ready for evaluation ys of issuance of the Improven	e uncovered and property lines and the orange sign has been pon. nent Permit or the time set we have best of my knowledge. False	s flagged. After the tank is placed, you will need to call ithin receipt of a violation

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 [1]NO Also, within the last 5 years have you completed an application for repair for this site? []YES	s [/] NO
Year home was built (or year of septic tank installation) Installer of system Septic Tank Pumper Designer of System	-
 Number of people who live in house?# adults# children What is your average estimated daily water usage?gallons/month or day water. If HCPU please give the name the bill is listed in Royald Jeann At a Tam Jy 	
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 6. If you have a washing machine, how often do you use it? [] daily [] every other day [] we 7. Do you have a water softener or treatment system? [] YES [] NO Where does it drain	? [] weekly
 8. Do you use an "in tank" toilet bowl sanitizer? [] YES [V] NO 9. Are you or any member in your household using long term prescription drugs, antibiotic chemotherapy?] [] YES [] NO If yes please list	
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 [] I please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, to	NO If was
 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 drains, basement foundation drains, landscaping, etc? If yes, please list COO + 	, a roof, gutter
 15. Are there any underground utilities on your lot? Please check all that apply: [] Power [] Phone [] Cable [] Gas [] 16. Describe what is happening when you are having problems with your septic system, and first noticed? new drain lines 	Water when was this
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clo rains, and household guests?) [] YES [] NO If Yes, please list	thes, heavy

HTE# 07.533-18 438 Haett County Department of Public Health	2
PERMIT # 27361 Operation Permit New Installation Septic Tank Repair New Installation	
Name: (owner) BN Clark Honer SUBDIVISION ROHON Point System Installer: Jones Backhor Registration #	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well Distance from well feet System Type: 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	rone
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 Const	
The state of the s	ructi
100	
5	
Klar 10	
/ (8) [7]	_
I Dr. w	
12'	
10 112	
30 21	
112	
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	_
IV. Operation:	
V. Other:	_
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Out of Specifications for the sewage disposal system on the above captioned property. Septic Tank: Septic Ta	%
Drainage Field ditches exact length width of depth of	-
French Drain Required: Inear feet Linear feet	5
Authorized State Agent which state Agent are the state Agent and the state Agent are t	=
Date 8.20-08	_

HTE# 07-500 1848 Harneit County Department of Public health 24361

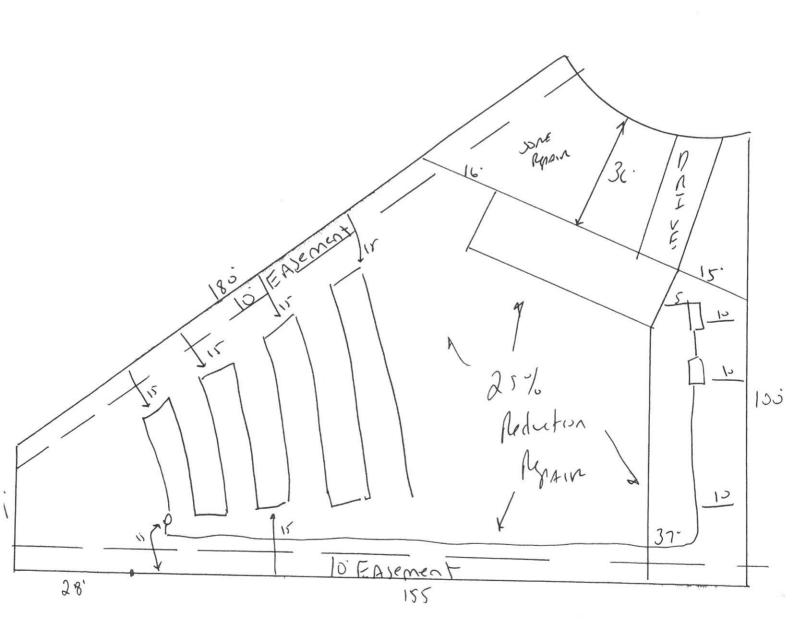
Improvement Permit

	A building permit cannot be issued with only an Improvemen	nt Permit
155UED TO: Bill Clark Hor	PROPERTY LOCATION: 1139 SUBDIVISION PAHONS	0
NEW TO DEDAID TO EVDANC	ON C	Point 104
Type of Structure: SFO- 52 x 40 Proposed Wastewater System Type: Puny 73	3 Ra	equired prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Pump 7-	25°1 (ledulares)	
Projected Daily Flow: 360 GPD	25 12 1 macris System	
Number of bedrooms: Number of Occi	ipants: max	
Basement □Yes ⊠ No	That is a second of the second	
Pump Required: ₩Yes □ No □ May be req	uired based on final location and elevations of facilities	
Type of Water Supply: To Community Dublic	Mall District ()	Permit valid for:
Permit conditions: Mect onsite for	Final Layort maintain	Permit valid for: A Five years A Sc A B Ac K S No expiration
Kryp drainlines 15 from	property Lines With EASER	ent, Plane Then
STUBO + Blunbing w	Final Layort maintain of property Lines with EASEM	8
Authorized State Agent:	Date: 09.25-	
The issuance of this permit by the Health Department in no w	ay guarantees the issuance of other permits. The permit holder is re-	esponsible for checking with appropriate governing bodies in meeting
then requirements. This site is subject to revocation if the site	plan, plat, or the intended use changes. The Improvement Permit s	shall not be affected by a change in ownership of the city This
permit is subject to compliance with the provisions of the Laws	and Rules for Sewage Treatment and Disposal and to conditions o	f 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 incorporat	ted by references into this permit and shall be met. Systems shall be
mistaned in accordance with the attached system layout.		y man be met systems shan be
ISSUED TO: Bill Clark Hora		
(50	SUBDIVISION PA HOR	1) Point LOT # 104
Facility Type: SFO-52x40-3BR	New 🗆 Expansion 🗆 Repair	
Basement? Yes No Basement Fix	tures? 🗆 Yes 🔼 No	
Type of Wastewater System** Pump to 25	12 Red Sys (Initial) Wastewater Flow:	36→ GPD
(See note below, if applicable 127)		
25%. Red	(Repair)	
Installation Requirements/Conditions	5	
	a and a	
Septic Tank Size _\ gallons	Exact length of each trench 1 x 150 feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover: C inches
a second consequence of the second	Maximum Trench Depth of: 18-24 inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	30 above the trench bottom)
Pump Requirements:ft. TDH vs	GPM	2.1.1.1
	_ 0/11	inches below pipe
Conditions:		Aggregate Depth: inches above pipe
		inches total
*If applicable: I understand the system type		
in applicable. I understand the system type	ne specified is different from the type specified on the	application. I accept the specifications of this permit.
Owner/Legal Representative Signature:		Dates
	plan, plat, or the intended use changes. The Construction Authoriza	Date:
f the site. This Construction Authorization is subject to compliant	te with the provisions of the Laws and Rules for Sewage Treatment	and Disposal and to the conditions of this comit
	, and and the series of seriage freatment	SEE ATTACHED SITE SKETCH
uthorized State Agent:	M)	MY. 25-27
•	Construction Authorization Expiration Date: _	(19 2) - 10 12
/	construction Authorization Expiration Da	ile. (//·/x / - //) / /

HTE# 07-50018488

Harnett County Department of Public Health Site Sketch

ISSUED TO: Bill Clark Hones	PROPERTY LOCATON: 1139 SUBDIVISION PA HOUS Page	nt LOT # 104
Authorized State Agent:		9.25-27
Mect onsite		
MAINTAIN All Sct Back, - K STUD out Plumbing where st	cup drain Lines 15	from property Lines With CASE ments



MAN # 3005-897

	2012003410
039597.0039.38 BY (W)	FOR REGISTRATION REGISTER OF DEEDS KINDERTY S. HATTOROVE LINERATY S. HATTOROVE 2012 MAR 02 01:34:32 PM BK: 2963 PG: 791-793 FEE: \$26.00 NC REV STAMP: \$256.00 INSTRUMENT # 2012003410
NORTH CAROLINA GET	NERAL WARRANTY DEED
Prepared by / Return to : Steven J. O'Conner	63WS12
Excise Tax: 3256,00	
Parcel Identifier No. 9596-19-7924 Verifi By Mail to: McCoy Wiggins Cleveland & O'Coshor PLLC 2 This Instrument was prepared by: Steven J. O'Cosnor, Attorn Brief description for the Index: Lot 104, PATTOR'S POINT	noy at Lew
THIS DEED made this 2 Murch 2012, by and between	/>
GRANTOR	GRANTEE
MICHAEL LANE JONES, An Unmarried Man Mailing Address: 1326 Grand Mass Drive Georgetown, Tx 76826	JEANNETTE TAYLOR, TRUSTEB OF THE RONALD AND JEANNETTE TAYLOR EAMILY TRUST UNDER WILL DATED July 7, 1993 MAILING Address: 36 TIGER TANK COURT BROADWAY, NC 27505
The designation Grantor and Granton as used herein shall inchine all singular, plural, mesculine, feminine of neuter as required all singular, plural, mesculine, for a valuable consideration acknowledged, has and by these presents does grant, bergain, lot or percel of land situated in the City of BROADWAY, Barmore particularly described as follows:	paid by the Grantes, the receipt of which is hereby
BEING all of Lot Number 104; in a Subdivision known as PA recorded in MAP BOOK 2005! PAGE 897, HARNETT CO.	TTON'S POINT, according to a plat of the same duly

is not the principal residence of Grantor.

The Property hereinabove described was sequired by Grantor by Instrument in Book 2558, Page 445.

A Map Showing the above described property is recorded in Plat Book 2005, Page 897.

NC Bur Association Form No. L-3 C 1976, Revised C 1977, 2002

Printed by Agreement with the NC Bur Association – 1981 SoftPro Corporation, 333 R. Six Forks Rd., Raleigh, NC 27669

A :	
///	2
TO HAVE AND TO HOLD the aforesaid lot or parce - Grantee in fee simple.	of land and all privileges and appurtenances thereto belonging to
And the Grantor covenants with the Grantee, the Gran same in fee simple, that title is marketable and free an	tor is seized of the premises in fee simple, has the right to convey d clear of all encumbrances, and that Grantor will warrant and defi
the title against the lawful claims of all persons whom Easements, restrictions and rights of way of record. Co	soever, other than the following exceptions:
1 (/ / / / /)	enderstanderste in Paris integrales and med 1 consensus of consensus to the destination of the second consensus of consensus of the destination of the second consensus of th
IN WITNESS WHEREOF, the Grantor has d	uly executed the foregoing as of the day and year first above writt
	* Allo
(Entity Name)	MICHAEL/LANE JONES (SEA
Ву:	(SEA
Title:	
By:	(SEA
By: Title:	(SEA
(O*/	
	the state of the s
7//	
State of Texas	County of 4 Bell
I, the undersigned Notary Public of the County	y and State aforesaid, certify that MICHAEL LANE JONES
I, the undersigned Notary Public of the County personally appeared before me this day and acknowled therein expressed. Witness my hand and Notarial Seal	y and State aforesaid, certify that MICHAEL LANE JONES
I, the undersigned Notary Public of the County	y and State aforesait, certify that MICHAEL LANE JONES ged the date execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012.
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: May 22 2016	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012.
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Com	y and State aforesaid, certify that MICHAEL LANE JONES good the due execution of the foregoing instrument for the purposes or Stamp this 25, day of February, 2012. Hotary Public
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: We are a connected by Commission Certificate(s) of Certified to be correct. This instrument and this certificate	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012.
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: We are a connected by Commission Certificate(s) of Certified to be correct. This instrument and this certificate shown on the first page hereof. Register of	y and State aforesaid, certify that MICHAEL LANE JONES god the due execution of the foregoing instrument for the purposes or Stamp this 25, day of February, 2012. NOTE: Public State are duly registered at the date and time and in the Book and Page at the date and time and in the Book and Page 1.
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: We are a connected by Commission Expires: Register of the County personal acknowledge thereof.	y and State aforesaid, certify that MICHAEL LANE JONES god the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. RUNE N DOWNERS 18/80 18/80
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES god the due execution of the foregoing instrument for the purposes or Stamp this 25, day of February, 2012. RUNE N DOWNER is/ar ate are duly registered at the date and time and in the Book and Page of Deeds for HARNETT County assistant – Register of Deeds
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of Certified to be correct. This instrument and this certificate shown on the first page hereof. Register of Deputy/A NC Bar Association Form No. L-3 © 1976, Revised © 1977.	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of Certified to be correct. This instrument and this certificate shown on the first page hereof. Register of Deputy/A NC Bar Association Form No. L-3 © 1976, Revised © 1977.	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P
I, the undersigned Notary Public of the County personally appeared before me this day and acknowleds therein expressed. Witness my hand and Notarial Seal My Commission Expires: My Commission Expires: The foregoing Certificate(s) of the County of the Co	y and State aforesaid, certify that MICHAEL LANE JONES ged the due execution of the foregoing instrument for the purposes or Stamp this 25 day of February, 2012. Actary Public Actary P

! ! .

z