

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

NAME KAREN MAHR EMAIL ADDRESS: KMAHR913@GMAIL.COM  
PHONE NUMBER 650-291-5773  
PHYSICAL ADDRESS 230 WYNDHAM PLACE DR. FUQUAY VARINA, NC 27526  
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME WYNDHAM PLACE

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: \_\_\_\_\_

401 TOWARDS FUQUAY VARINA, TURN RIGHT  
ON RAWL ROAD

**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]  
Signature

5/17/19  
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) 2006  
Installer of system \_\_\_\_\_  
Septic Tank Pumper \_\_\_\_\_  
Designer of System UNKNOWN

1. Number of people who live in house? 2 # 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? 2014 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?  
NORMAL FOR DAILY USE. THERE IS NO ISSUE  
BACKYARD IS LOWER SIDE. GET SATURATED WHEN RAIN ALOT.
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 \_\_\_\_\_

ONLY PER HOME INSPECTION REPORT

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

18765

HTE # 04-5-879112

# OPERATIONS PERMIT

Name: (owner) STRONG BUILD Home  New Installation  Septic Tank  Repair

Property Location: SR# 1415 Rands Ct Rd  Nitrification Line  Expansion

Subdivision Wynnton Place Lot # 9 Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Contractor: JASON MATTHEWS 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 25% Reduction System

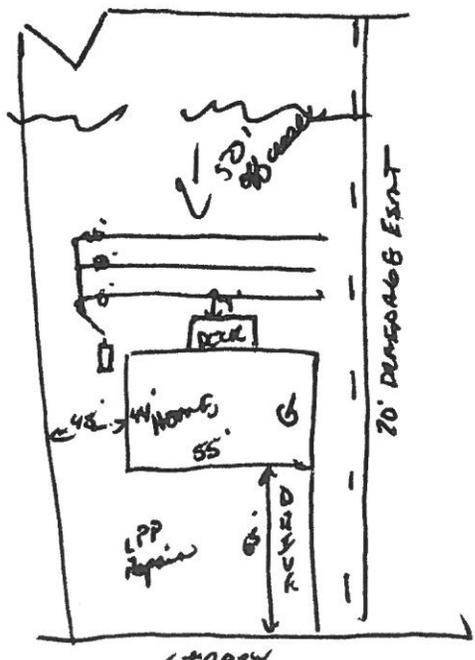
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of exact length width of depth of  
ditches 3 of each ditch 25 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: — Linear feet Date: 2-21-06

PERMIT NO. 20505

Inspected by: [Signature]



HTE 04-5-8791R

# IMPROVEMENT PERMIT

20505

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) R. L. Properties Strong Bu. 14 Homes  
Property Location: SR# 1415 Rouben Church Rd.

- New Installation
- Septic Tank
- Repairs
- Nitrification Line

Subdivision Wyndham Place Lot # 9

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

Number of Bedrooms Proposed: 3 Lot Size: .88Ac

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50 min 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 3 or 4 exact length of each ditch 100 or 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.

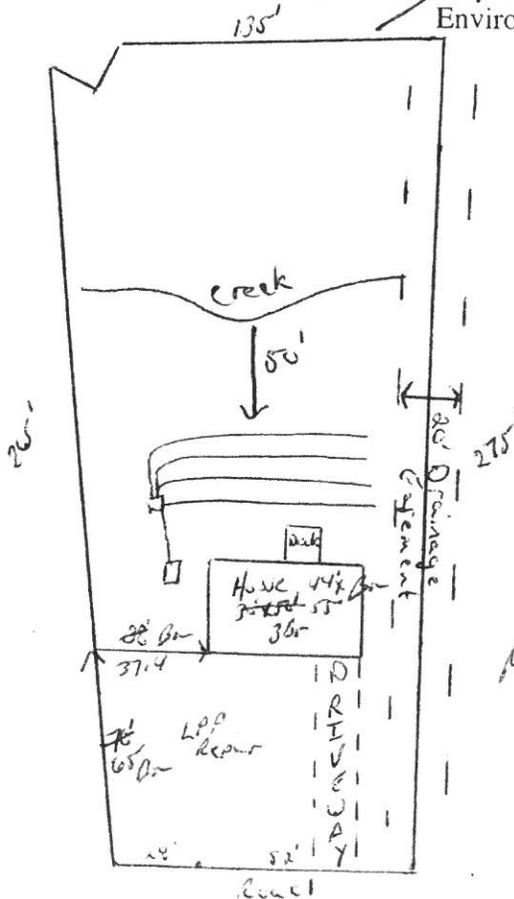
French Drain Required: \_\_\_\_\_ Linear feet

Date: 4/22/2004

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

Signed: Dwight McLean R.S.  
Environmental Health Specialist

\*Maintain all setbacks



Revision 1-12/2005  
Bm

**On-site Wastewater Inspection**  
\_\_\_\_ Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address: 230 Wyndham Place, Fuquay Varina, NC, 27526

Client Name: Opendoor - Raleigh/Durham

Current owner of Record: Karen Mahr

Date of Inspection: 05/08/2019

3BR Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

360 Gallons per day for designed system size or number of bedrooms as stated in available local health department information

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

Copy of Operations permit from Harnett County Environmental Health Attached

Operations permit not available

NO System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name \_\_\_\_\_  
Most recent performance, operation and maintenance reports are  attached  not available

Type of water supply  Well  Public Water  Community Water  Spring

**Location of Septic Tank and septic tank details:**

NO ft from house or structure

N/A ft from well if applicable

UNK ft from water line if applicable

UNK ft. from property line if said property lines are known or marked Property lines not marked

18" distance from finished grade to top of tank or access riser

NO Access riser(s) yes no Describe \_\_\_\_\_

YES Tank lids intact yes no

YES Tank has baffle wall yes no Describe condition of baffle wall: Concrete - Intact

YES Inflow to tank is noted as sufficient

NO Inflow to tank is noted as insufficient or blocked

YES Water level in tank is relative to tank outlet

YES Outlet T is present yes no Describe condition of Outlet T: PVC - Intact

YES Outlet has filter yes no Describe condition of filter: Plastic - Intact

YES Effluent leaves the outlet yes no

NO Roots present in tank yes no Describe extent of roots: \_\_\_\_\_

NO Evidence of tank leakage Describe: \_\_\_\_\_

NO Evidence of non-permitted connections, such as downspouts or sump pumps

YES Connection present from house to tank

YES Connection present from tank to next component

35% Percentage of solids in tank

NO Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped needs pumping out unknown

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature client unavailable [Signature] Date 5-8-19

Does system have pump tank? NO yes (complete blanks below) no

- \_\_\_\_\_ ft from house or structure
- \_\_\_\_\_ ft from well or spring if applicable
- \_\_\_\_\_ ft from water line if applicable
- \_\_\_\_\_ ft. from property line if property lines are known or marked
- \_\_\_\_\_ Distance from finished grade to top of tank or access riser
- \_\_\_\_\_ Access risers in place yes no
- \_\_\_\_\_ ft from septic tank
- \_\_\_\_\_ Access risers in place Describe type: \_\_\_\_\_
- \_\_\_\_\_ Describe condition of tank lids \_\_\_\_\_

N/A

- Location of control panel: \_\_\_\_\_
- \_\_\_\_\_ Electrical connections are in place and properly grounded
- \_\_\_\_\_ Audible and visible alarms (as applicable) work
- \_\_\_\_\_ Pump turns on and effluent is delivered to next component
- \_\_\_\_\_ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system:  Conventional  Accepted  Innovative  Experimental  Controlled Demonstration  Pretreatment; Type of pretreatment \_\_\_\_\_

Brief Description of System Type TLA  
unk ft. from property line if property lines are known or marked Property lines not marked  
15 ft from septic/pump tank  
3 # of lines  
100 length of lines

yes Evidence of past or current surfacing at time of inspection  
Briefly describe: Effluent Surfacing over Drainlines

NO Evidence of traffic over the dispersal field  
NO Vegetation, grading and drainage noted that may affect the condition of the system or system components

yes Effluent is reaching the dispersal field  
NO Conditions present that prevented or hindered the inspection  
yes Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: Effluent is Surfacing over drain lines. Drain lines are over saturated.

Consequences of the adverse condition: Effluent will continue to surface.

Client should contact Harnett County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Found all drainlines to be over-saturated and surfacing. This septic system is failing. Harnett County Environmental Health dept. should be contacted to determine repair.

Inspector Name: Jack B. Durham, Jr. Certification # 2462 I  
Address 2021 Sandy Plains Rd., Wake Forest, NC 27587  
Phone 919-451-5377

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of the onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: Jack B Durham Jr. Date 5-8-19



For Registration Kimberly S. Hargrove  
Register of Deeds  
Harnett County, NC  
Electronically Recorded  
2014 Sep 26 04:36 PM NC Rev Stamp: \$ 410.00  
Book: 3249 Page: 117 Fee: \$ 26.00  
Instrument Number: 2014013070

HARNETT COUNTY TAX ID #  
040664 0038 09

09-26-2014 BY: MT

Excise Tax \$410.00

### NORTH CAROLINA GENERAL WARRANTY DEED

Tax Block: Lot: Parcel Identifier No. **0664-98-3028**  
Prepared by: The Law Office of Jonathan Richardson  
Return to: Grantee

Brief description for the Index

Lot 9 Wyndham Place

THIS DEED made this 26<sup>th</sup> day of September, 2014, by and between

**GRANTOR**

Sarah Aileen Kirwan and  
Jeffrey Scott Camara  
313 Dunhagan Pl  
Cary, NC 27511  
and  
Rellie Lopez Kirwan  
Barbara Kirwan  
38293 Back Nine Ct  
Murrieta, CA 92563  
and  
Sean Michael Kirwan  
Cynthia Kirwan  
590 Chesterfield Circle  
San Marcos, CA 92069  
and  
Sarah Aileen Kirwan, Administrator  
Of the Estate of Phillip J. Kirwan, III  
Harnett County File 14E585

NOT PRIMARY RESIDENCE OF GRANTORS

**GRANTEE**

Karen Lee Mahr,  
unmarried, and  
Kevin John Harrison,  
unmarried, as joint tenants  
with right of survivorship  
230 Wyndham Place Dr.  
Fuquay-Varina, NC 27526

Submitted electronically by "Law Offices of Jonathan Richardson"  
in compliance with North Carolina statutes governing recordable documents  
and the terms of the submitter agreement with the Harnett County Register of Deeds

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 Harnett County, North Carolina and more particularly described as follows:

**BEING all of Lot 9, Wyndham Place Subdivision as recorded in Map Book 2003, Pages 1049-1053, Harnett County Registry.**

**PROPERTY ADDRESS:  
230 Wyndham Place Dr,  
Fuquay-Varina NC 27526**

**PARCEL ID: 0664-98-3028**

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 except for the exceptions hereinafter stated.

The property hereinafter described was acquired by Grantor(s) by instrument recorded at Book 2202, Page 877 of the Harnett County Registry. See also Harnett Co. Estate File 14E585

Subject to ad valorem taxes for current and subsequent years;  
Subject to all valid covenants, declarations, easements and rights of way of record.

[SIGNATURE PAGES ATTACHED]

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal

*Sarah Aileen Kirwan, Administrator* (SEAL)  
Sarah Aileen Kirwan  
Administrator of the Estate of Phillip J. Kirwan, III

*Sarah Aileen Kirwan* (SEAL)  
Sarah Aileen Kirwan

*Jeffrey Scott Camara* (SEAL)  
Jeffrey Scott Camara

(Notary Seal)



STATE OF NC , COUNTY OF WAKE

I certify that the following person(s) appeared before me this day, acknowledging that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: **SARAH AILEEN KIRWAN, Administrator of the Estate of Philip J. Kirwan, III**

This the 26 day of September 2014.

*Jonathan Richardson*  
\_\_\_\_\_, Notary Public

My commission expires: 5/9/19

(Notary Seal)



STATE OF NC , COUNTY OF WAKE

I certify that the following person(s) appeared before me this day, acknowledging that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: **SARAH AILEEN KIRWAN and JEFFREY SCOTT CAMARA**

This the 26 day of September 2014.

*Jonathan Richardson*  
\_\_\_\_\_, Notary Public

My commission expires: 5/9/19

UNRECORDED

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal.

*Sean Michael Kirwan* (SEAL)  
Sean Michael Kirwan

*Cynthia Kirwan* (SEAL)  
Cynthia Kirwan

(Notary Seal) STATE OF CA, COUNTY OF San Diego

I certify that the following person(s) appeared before me this day, acknowledging that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: Sean Michael Kirwan and Cynthia Kirwan



This the 22 day of September 2014

*Joung Hee Kim*, Notary Public

My commission expires: 03/08/2015

UNRECORDED Document

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal.

  
\_\_\_\_\_  
Relie Lopez Kirwan (SEAL)

  
\_\_\_\_\_  
Barbara Kirwan (SEAL)

(Notary Seal)

*See Acknowledgment*  
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

UNRECORDED COPY OF DOCUMENT

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On Sept 22, 2014 before me, NISHA R. Patel A Notary Public  
(Here insert name and title of the officer)

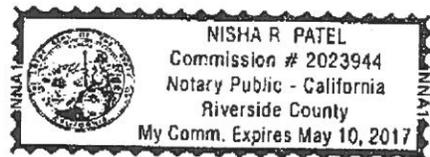
personally appeared Rethie L Kirwan and Barbara Kirwan

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Nisha R Patel A Notary Public (Notary Seal)  
Signature of Notary Public



## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Deed  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by erasing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document.

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)

Corporate Officer

\_\_\_\_\_  
(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_