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: Uv	acho 5@ a mailicom
NAME Tyler Perdue		10 366 1259
PHYSICAL ADDRESS 77 Lumina Ct		
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)		
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME		
Keylan farms		
Kulm farms SUBDIVISION NAME LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home] Stick built [] Other	
Number of bedrooms [] Basement		
Garage: Yes No [] Dishwasher: Yes []	No []	Garbage Disposal: Yes[]No[]
Water Supply: [] Private Well [] Community Syste	m [] County	
Directions from Lillington to your site: 479/1444 401	- Joesy Williams	- Wire Rd - Kenlon For
Lumina Ct.		
 A "surveyed and recorded map" and "deed to your prowells on the property by showing on your survey map. The outlet end of the tank and the distribution box will runcovered, property lines flagged, underground utilities us at 910-893-7547 to confirm that your site is ready for your system must be repaired within 20 days of issue as a factorian. 	need to be uncovered and proper marked, and the orange sign har evaluation.	application. Please inform us of any erty lines flagged. After the tank is as been placed, you will need to call
Your system must be repaired within 30 days of issuance of the letter. (Whichever is applicable.)	Improvement Permit or the tin	ne set within receipt of a violation
By signing below, I certify that all of the above information is co the denial of the permit. The permit is subject to revocation if the	rrect to the best of my knowled e site plan, intended use, or ov	dge. False information will result in where we have a supported in which we have a supported in the supporte
TIPI		
Signature) val 7 2010	

Date

HOMEOWNER INTERVIEW FORM

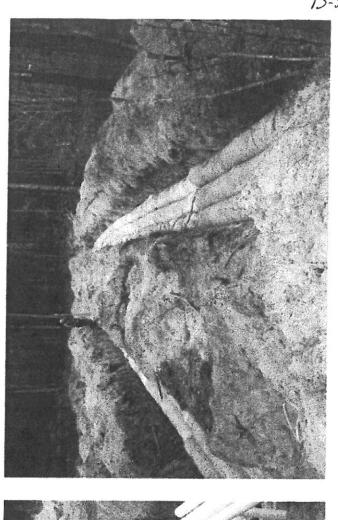
It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

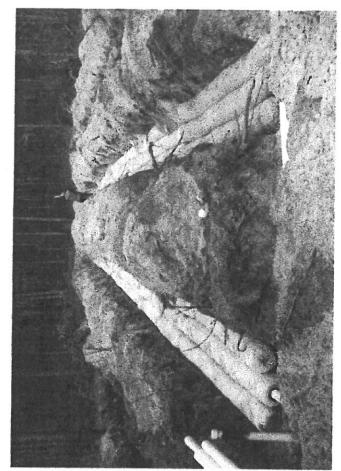
Also, within the last 5 years have you completed an application for repair for this site? [] YES NO
Year home was built (or year of septic tank installation)
Septic Tank Pumper Designer of System
 Number of people who live in house?
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped?
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?
to let making rose call spect pump/saw crake, on 1.
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

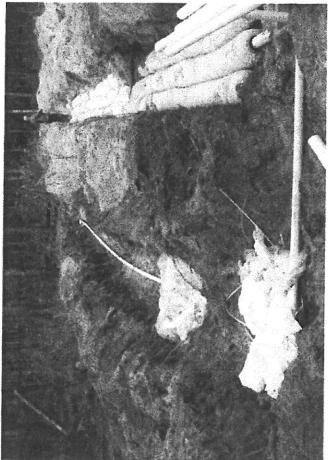
HTE# 13-5-307308 Harnett County Department of Public Health	
23030	
PERMIT # 27300 Operation Permit	
New Installation 屎 Septic Tank 💢 Nitrification Line 🗆 Repair 🗀 E	xpansion
PROPERTY LOCATION: Wice Ro	
Name: (owner) Sarry Homes LLC SUBDIVISION KENLAN FARMS LOT# C	-8_
System Installer: Hazon Sectic Registration #	
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well 100 feet	
System Type: 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.	
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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 \(\sime\) No \(\sime\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other SEE 5/0 MAR FOR EXACT SERVIC EASEMENT LOCATION	
□ D-Box □ Pump □ Alarm □ H20Line □ P	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	=1110
Type of system: Conventional Other Pune To EZ Frow Septic Tank: 1000 gallons Pump Tank: 1000	gallons
Subsurface No. of exact length width of depth of	
Drainage Field ditches 3 of each ditch 70 feet ditches 1824 inch	nes
LICHCH MAND DEBURENCE LINEAR INFO	

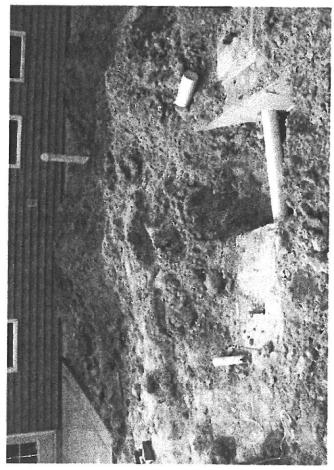
Drainage Field French Drain Required: REALS Authorized State Agent_ Date

Linear feet









HTE# 13-5-30730 R

Harnett County Department of Public dealth

Improvement Permit

27300

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: WIRE RO SAVYY HOMES LLC SUBDIVISION KENZAN FARMS NEW 🗷 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD Proposed Wastewater System Type: Pume To 25% REDUCTION Projected Daily Flow: ___ 4 Number of bedrooms: Number of Occupants: % max Basement Yes Pump Required: XYes ☐ No May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well 100 feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: REITS Date: 3 1513 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, at the intermed use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of 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 incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: SAVY HOMES LLC PROPERTY LOCATION: WISE RD SUBDIVISION KENLAN Expansion Basement?

Yes

No Basement Fixtures?

Yes

No

Type of Wastewater System**

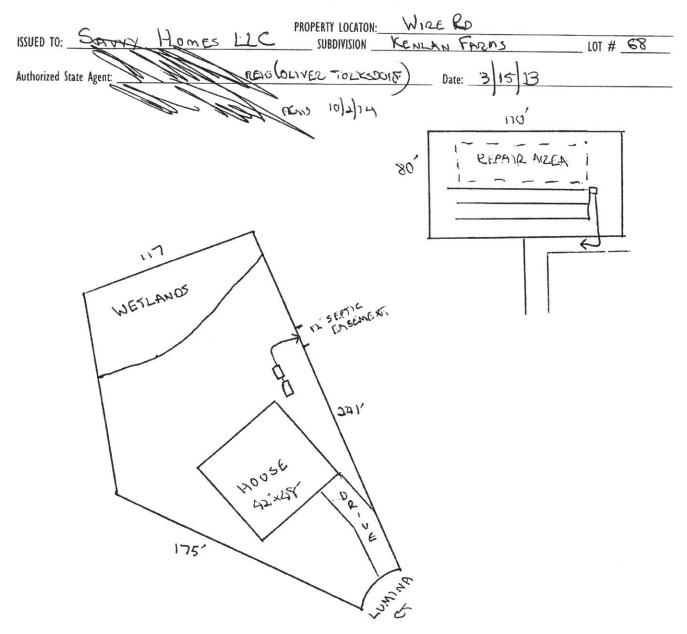
Pume To 25%

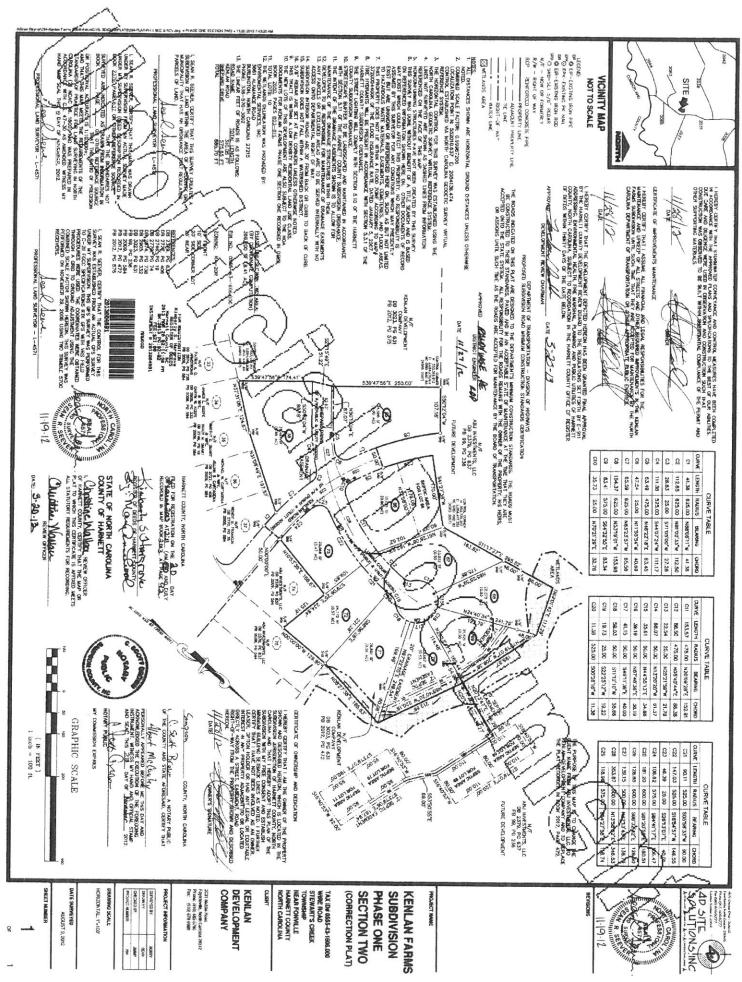
REDUCTION

(Initial) Wastewater Flow:

480 (See note below, if applicable []) PumeT- 25% REDUCTION (Repair) Installation Requirements/Conditions Number of trenches 3 Septic Tank Size 1000 gallons Exact length of each trench _ 70 Trench Spacing: 9 Feet on Center Pump Tank Size 1000 gallons Trenches shall be installed on contour at a 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) Pump Requirements: _____ft. TDH vs. ____ Aggregate Depth: ______ inches above pipe Conditions: SUPPLY LINE TO EASEMENT ALREADY INSTALED inches total WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization in subject to compliance with the possible of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorised State Agent Construction Authorization Expiration Date: 3 15 18

Harnett County Department of Public Health Site Sketch





HÁRNETT COUNTY TAX ID # 120555 0216 72

BY: MT

For Registration Kimberly S. Hargrove

Register of Deeds

Harnett County, NC

Electronically Recorded

2015 Jul 21 04:30 PM NC Rev Stamp: \$ 400.00 Fee: \$ 26.00 Page: 332

Book: 3324

Instrument Number: 2015009930

GENERAL WARRANTY DEED

REVENUE: \$400.00

PARCEL ID: 120555021672

PREPARED BY AND RETURN TO

Hutchens Law Firm

PO Box 1028, Fayetteville, NC 28302

File no. 1162557

This instrument prepared by: Susan R. Benoît or Christopher T. Salver, both licensed North Carolina attorneys. Delinquent taxes, if any, to be paid by the closing attorney to the county tax collector upon disbursement of closing proceeds.

Brief Legal Description: - Lot 68 Kenlan Farms

NORTH CAROLINA

COUNTY OF Harnett

THIS DEED made this July 21, 2015, by and between

Savvy Homes, LLC, whose address is 8025 Creedmoor Road, Suite 100, Raleigh, NO, 27613 hereinafter called Grantor.

and

Tyler Wayne Perdue, unmarried, whose address is

77 Lumina Court, Linden, NC 28356 hereinafter called Grantee;

The designation Grantor and Grantee as used herein shall include said parties, theirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

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

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 or near the City of Linden, Harnett County, North Carolina and more particularly described as follows:

BEING ALL OF LOT 68, IN A SUBDIVISION KNOWN AS KENLAN FARMS, PHASE ONE, SECTION TWO, AS SHOWN IN PLAT BOOK 2013, PAGE 92, HARNETT COUNTY REGISTRY, NORTH CAROLINA.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3265, Page 322, Harnett County Registry, North Carolina.

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.

Title to the property hereinabove described is subject to the following exceptions:

Restrictive covenants, easements and rights of way as may appear of record in the aforesaid registry.

IN WITNESS WHEREOF, the Grantor has hereupto set his hand and seal, or if corporate, has caused this instrument to be signed in the corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors.

The property being conveyed herein is not the principal residence of the Grantors.

Savvy Homes, LLC
By: D Squared, Inc., managing member
Do up Ob 1 SWA JA JE + OUR
By: Darrell P. Daigre, President, Michelle Stinnett Attorney in Fact
Attorney in Fact

STATE OF NORTH CAROLINA
COUNTY
I certify that the following person(s) personally appeared before me this day, each
word who will will the the foregoing document for the
purpose stated therein and in the capacity indicated:
Michelle Stinnett as attorney in fact for Darrell P. Daigre
71.1. 2184
This the 21st day of 2015.
1000 minutes
ROOR ROOR STATE
NOTARY NOTARY
My Commission Expires: 3/14/2020
AND COMMITTEE TO STATE OF THE PARTY OF THE P
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