

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 Team Harris Real Estate EMAIL ADDRESS: Homes@TeamHarris.com
PHONE NUMBER _____
PHYSICAL ADDRESS 87 Surfwind Dr, Spring Lake, NC
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 1400 Hope Mills Rd, Fayetteville, NC 28304

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

Tradewinds 133
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: _____

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.

John G. Pille
Signature

8/14/19
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) _____

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? *vacant* _____ # 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?
Replace tank _____
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** _____

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Cumberland Const. Inc New Installation Septic Tank
Property Location: SR# Elliot Bridger M Repairs Nitrification Line
Subdivision Trade Winds Lot # 133
TAX ID# _____ Quadrant # _____
Contractor: Frank Jones Registration # _____

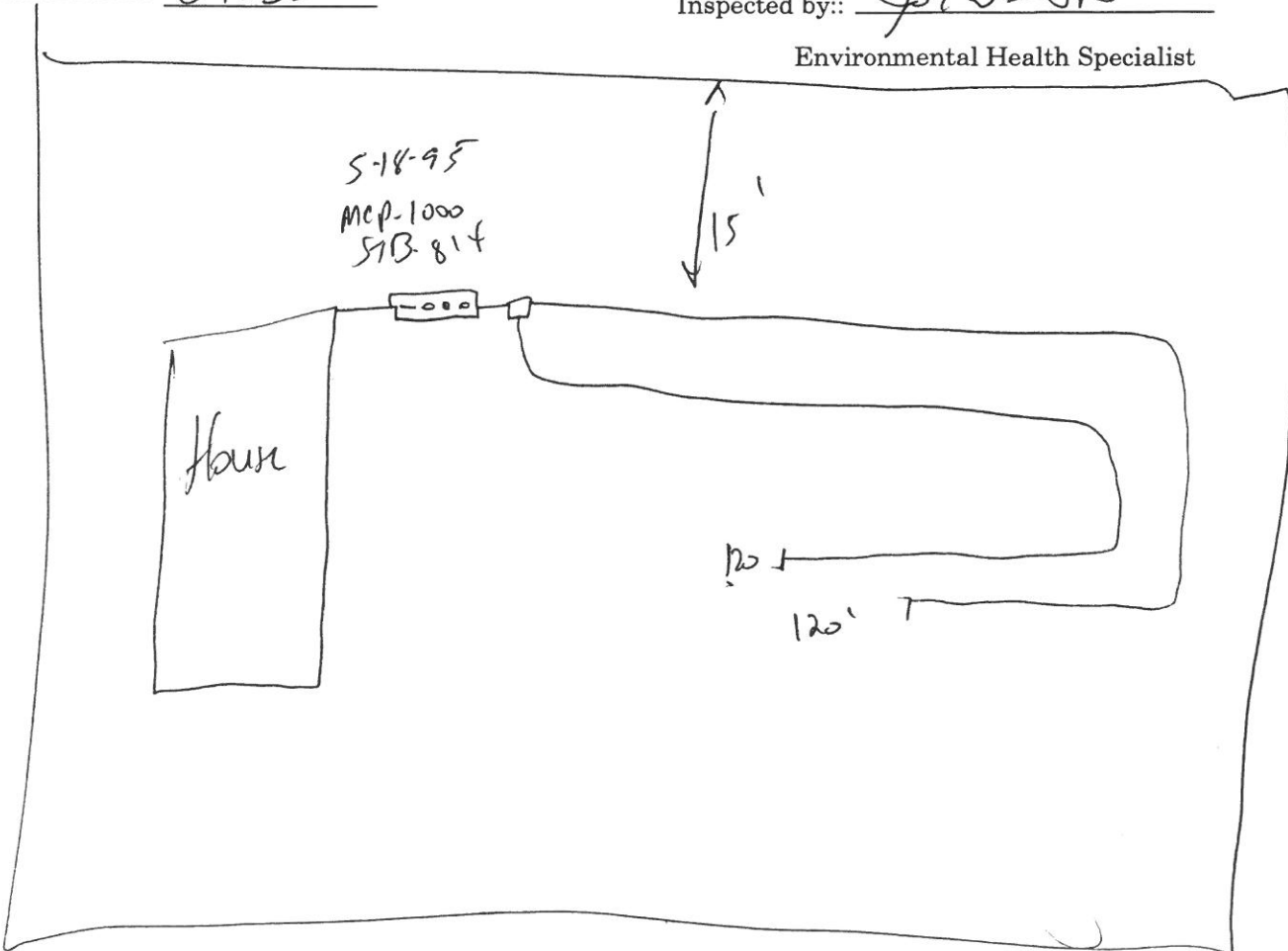
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 min ft.

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

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 2 exact length 120 ft. width of ditches 3 ft. depth of ditches 32 in.
French Drain: _____ Linear feet

PERMIT NO. 09632 Date: 7-19-95
Inspected by: Joe U-ARS

Environmental Health Specialist



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) Cumberland Const INC New Installation Septic Tank
Property Location: SR# Elliot Bridge Rd. Repairs Nitrification Line

Subdivision TRADEWINDS Lot # 133

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .37AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: N/A 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

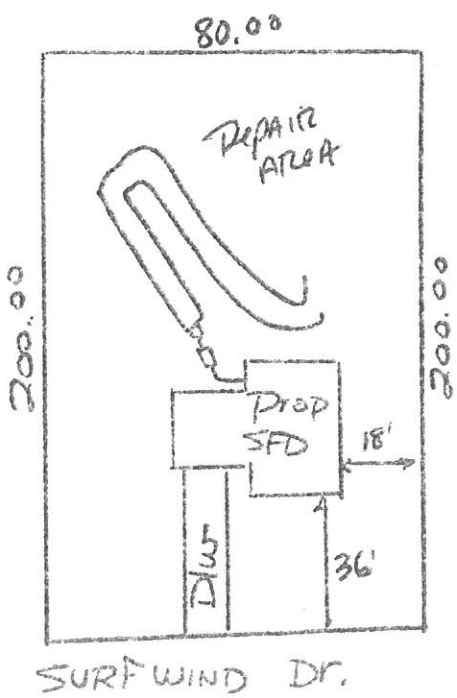
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 32 in.

French Drain required: N/A Linear feet

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

Date: 3-19-95
Signed: Vincent J. Manzi R.S.
Environmental Health Specialist

VOID AFTER 5 YEARS



Note:
* Keep layout tight
AND ON contour
* LEAVE ROOM FOR Repair

JONES SEPTIC TANK SERVICE

373 SWIFT CREEK RD
 RAEFORD NC 28376-5712

Phone # 910-875-7616

Estimate

Date	Estimate #
8/2/2019	5124

Name / Address
TEAM HARRIS 1400 HOPE MILLS ROAD FAYETTEVILLE NC 28304

Ship To
87 SURFWIND DRIVE SPRING LAKE

Permit Number

Description	Qty	Rate	Total
1000 GALLON TANK		1,800.00	1,800.00
REPLACE SANITARY TEE, REPLACE DISTRIBUTION BOX AND REMOVE ANY BLOCKAGES THAT MAY BE IN MOUTH OF DRAIN LINES TO RESTORE FLOW TO EXISTING DRAIN FIELD CLEAN TANK / A COUNTYWIDE		1,100.00	1,100.00
		200.00	200.00
*ESTIMATE IS SUBJECT TO CHANGE ONCE THE PERMIT HAS BEEN ISSUED BY THE HEALTH DEPARTMENT			
<i>Thank you for your inquiry!</i> <i>We look forward to hearing from you!</i>			

Due to possible increase cost in materials, any estimates older than 90 days should be verified with our office.

Total \$3,100.00



2009016907

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2009 NOV 04 01:46:11 PM
BK:2686 PG:381-383 FEE:\$22.00
NC REV STAMP:\$216.00
INSTRUMENT # 2009016907

01-0545-0016-99

11-4-09

(CW)

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 216.00

Parcel Identifier No. 0534-62-3767.000, Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail/Box to: Thorp, Clarke, Neville & Kirby, PA, 150 N. McPherson Church Road, Ste B, Fayetteville, NC 28303

This instrument was prepared by: Thorp, Clarke, Neville & Kirby, PA, 150 N. McPherson Church Road, Ste B, Fayetteville,

Brief description for the Index: LOT 133, Tradewinds, Sec. 6

THIS DEED made this 3rd day of November, 2009, by and between

GRANTOR

GRANTEE

Christina M. Walker and husband
Joseph S. Gaccione
216 Lou Chapel Road
Spring Lake, NC 28390

Cory M. Vanderhoof and wife,
Elizabeth D. Vanderhoof
87 Surfwind Drive
Sanford, NC 28390

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

BEING all of Lot 133 in a subdivision known as TRADEWINDS, SECTION SIX, and the same being duly recorded in Plat Cabinet F, Slide 283-C, Harnett County Registry, North Carolina.

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

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

NC Bar Association Form No. L-3 © 1976, Revised © 1977, 2002

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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:

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

(Entity Name)

Christina M. Walker (SEAL)
Christina M. Walker

By: _____
Title: _____

Joseph S. Gaccione (SEAL)
Joseph S. Gaccione

By: _____
Title: _____

(SEAL)

By: _____
Title: _____

(SEAL)

State of North Carolina - County of Cumberland

I, the undersigned Notary Public of the County and State aforesaid, certify that Christina M. Walker and husband Joseph S. Gaccione 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 19th day of November, 2009

My Commission Expires: 2/27/10
[Signature]
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.

By: _____ Register of Deeds for _____ County
Deputy/Assistant - Register of Deeds