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

| | | 1 | |
|--|------------------------------------|------------------------------------|----------------------------------|
| NAME PAUL BARR | Y BAILEY | EMAIL ADDRESS: 6ba. | iley1@ embargmail.a |
| PHYSICAL ADDRESS 98 R | EGAL CREST | - OR FLURIAY I | MARINA NC 27526 |
| MAILING ADDRESS (IF DIFFFERENT TH | AN PHYSICAL) | | |
| IF RENTING, LEASING, ETC., LIST PROP | ERTY OWNER NAME | | |
| REGAL CREST | | RIVER RD | 2.7 AC |
| SUBDIVISION NAME | LOT #/TRACT # | STATE RD/HWY | SIZE OF LOT/TRACT |
| Type of Dwelling: [] Modular | [] Mobile Home [内 | Stick built [] Other | |
| Number of bedrooms[] | Basement | | |
| Garage: Yes [No [] | Dishwasher: Yes No | O[] Ga | rbage Disposal: Yes [] No [] |
| Water Supply: [] Private Well | [] Community System | [4 County | |
| Directions from Lillington to your site: | 4WY 401 F | FROM LILLINGTON | TOWARD |
| FUGUAY VARINA | - TURN LE | F ON CHRIST | TAN LIGHT RD - |
| TURN LEFF ON | | | |
| CREST DR - | 1 SI Hass | E ON RIGHT | 98 REGAL CRIEST |
| n order for Environmental Health t | o help you with your repo | ir. vou will need to comply by | completing the following: |
| A "surveyed and recorded may | o" and <u>"deed to your proper</u> | ty" must be attached to this appli | cation. Please inform us of any |
| wells on the property by showl | ng on your survey map. | | |
| 2. The outlet end of the tank and | the distribution box will nee | d to be uncovered and property li | nes flagged. After the tank is |
| uncovered, property lines flagg | ed, underground utilities ma | arked, and the orange sign has bee | en placed, you will need to call |
| us at 910-893-7547 to confirm | that your site is ready for ex | valuation. | |
| our system must be repaired within 30 | J days of issuance of the Im- | provement Permit or the time co | twithin 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.

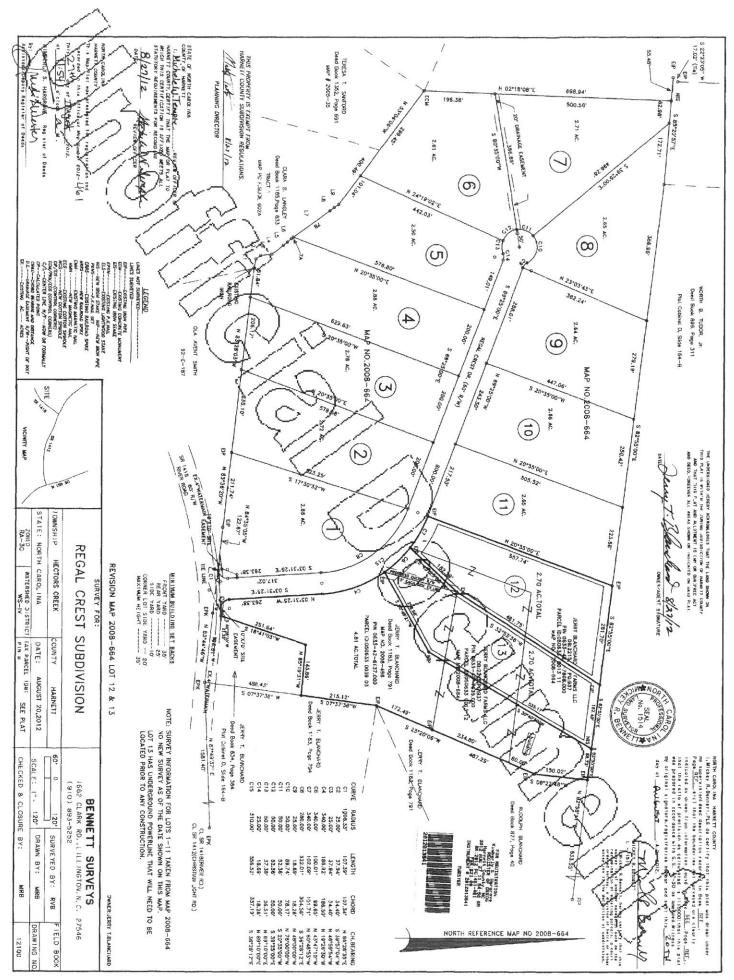
1-14-2020 **Signature**

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 [HAUF TUST MOVED THERE OCT 11-2019 Year home was built (or year of septic tank installation) 2013-2014? Installer of system DON'T KNOW Septic Tank Pumper FOREVER CLEAN SEPTIC Designer of System DON'T KNOW |] NO |
|---|-------------------------|
| Number of people who live in house? | # total county ミソ |
| 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? / - 1 4 - 2 c 2 c 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 [] weekl 7. Do you have a water softener or treatment system? [] YES [] NO Where does it drain? | Llwookly |
| 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 chemotherapy?] [] YES [] NO If yes please list SIMVASTATIN - FLOWAK 10. Do you put household cleaning chemicals down the drain? I NEST AT IN - FLOWAK | |
| 10. Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kind? [OSLET BOWL CLEANER 11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [I] NO 12. Have you installed any water fixtures since your system has been installed? [] YES [I] NO please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toil |) If yos |
| 13. Do you have an underground lawn watering system? [] YES [V] NO 14. Has any work been done to your structure since the initial move into your home such as, a drains, basement foundation drains, landscaping, etc? If yes, please list 15. Are there any underground within | roof, gutter |
| 15. Are there any underground utilities on your lot? Please check all that apply: [[] Power [] Phone [] Cable [] Gas [] W 16. Describe what is happening when you are having problems with your septic system, and w first noticed? RECENT RAIN WATER SATURATED VARIA | hen was this |
| 17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clother rains, and household guests?) [] YES [] NO If Yes, please list HEAVY RAINS | es, heavy |

| HTE# 13-5-3233 Hamett County Department of Public Health | |
|---|---------------------------------------|
| PERMIT # 27591 Operation Permit | 23018 |
| Name: (owner) WCAVEN HOTE SUBDIVISION No good Wort System Installer: OTTS STRICKLAND Registration # Basement with plumbing: Garage Number of Bedrooms H Type of Water Supply: Community Public Well Distance from well feet System Type: 25% Registration for permit recordance with Table V a) New Installation Septic Tank Nitrification Line PROPERTY LOCATION: SUPPLY REGISTRATION REGISTRATION Registration # SUBDIVISION Registration # Type of Water Supply: Community Public Well Distance from well feet System Type: 25% Registration for permit records the alth Department 6 months prior to expiration for permit records. | Repair Expansion LOT # / S enewal. |
| 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 Constr | uction Authorization. |
| 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 \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| V. Other: | |
| | PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 15% 1860 25 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 | |
| French Drain Required: Linear feet | |
| Authorized State Agent Date 1-23-15/ | |



For Registration Kimberly S. Hargrove Register of Deeds Harnett County, NC Electronically Recorded 2019 Sep 12 02:07 PM NC Rev Stamp: \$ 720.00 Book: 3735 Page: 172 - 173 Fee: \$ 26.00 Instrument Number: 2019013124 HARNETT COUNTY TAX ID# 05-0633-0043-12 09-12-2019 BX-CW NORTH CAROLINA GENERAL WARRANTY DEED Excise Tax: \$720.00 Parcel Identifier No. 050633 0013 12 Verified by County on the day of By: Mail/Box to: GRANTEE This instrument was prepared by: Currie Tee Howell, Adams, Howell, Sizemore & Adams, P.A. Brief description for the Index: Lot 13, Revision Map 2008-664 Lot 12 & 13 Survey For: Regal Crest Subdivision THIS DEED made this 11th day of September, 2019, by and between GRANTOR GRANTEE Jessica Lyon Schmidt Thomas, Paul Barry Bailey and wife, Unmarried Janie Sue Glover Bailey PO Box 40 98 Regal Crest Drive Kipling, NC 27543 Fuquay-Varina, NC 27526 Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership. 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, parcel of land or condominium unit situated in Hectors Creek Township, Harnett County, North Carolina and more particularly described as follows: BEING all of Lot 13 on that plat entitled "Revision Map 2008-664 Lot 12 & 13 Survey for: Regal Crest Subdivision," being duly recorded in Map Number 2012-461 Harnett County Registry, All or a portion of the property herein conveyed ____includes or _____ does not include the primary residence of a Grantor. NC Bar Association Form No. 3 © Revised 7/2013

Submitted electronically by Adams, Howell, Sizemore & Adams, P.A. in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

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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: Subject to all easements, rights-of-way, covenants and other restrictions as shown on the public record or as would be disclosed by an accurate survey and inspection of the land. IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written. GRANTOR(S) State of North Carolina - County of Harval I, the undersigned Notary Public of the County or City of and State aforesaid, certify that Jessica Lyon Schmidt Thomas personally appeared before the this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness and hand Notarial stamp or seal this | | day of September, 2019. (Affix Seal)

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