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: shjolly19@gmail.com

NAME: Sara Jolly_		PHONE NUMBER: <u>757-</u>	561-4367				
PHYSICAL ADDRESS 455 Ruth Circle Fuquay-Varina, North Carolina 27526							
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) N/A							
SUBDIVISION NAME TRACT	rd woods	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/			
Type of Dwelling:		[] Mobile Home	[X] Stick built	[]Other			
Number of bedrooms3[] Basement							
Garage: Yes [X] No Garbage Disposal: Y	o [] /es [] No [X]	Dishwasher: Y	es [X] No []				
Water Supply: []	Private Well	[] Community	System [X] Co	ounty			
Directions from Lillington to your site: 401 North, right on Ballard Rd. Right into Ballard Woods. Left on Ruth Circle.							
 In order for Environmental Health to help you with your repair, you will need to comply by completing the following: 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. 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.							
Jun 11/3/2020 ignature 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)2005
1. Number of people who live in house?2_# adults1_# children3# total 2. What is your average estimated daily water usage?
 If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped?2018How often do you have it pumped?Every 3 years If you have a dishwasher, how often do you use it? [] daily [] every other day []X] weekly If you have a washing machine, how often do you use it? [] daily [X] every other day [] weekly [] monthly Do you have a water softener or treatment system? [] YES [X] NO Where does it drain? Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [X] NO If yes please list Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind? Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] 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 [X] 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 listN/A_ 15. Are there any underground utilities on your lot? Please check all that apply:
when was this first noticed? Noticed wastewater surfacing in June 2018.

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 [X] NO If Yes, please list	

HTE #5-5-11728

1 RNETT COUNTY HEALTH DEPA 'MENT ENVIRONMENTAL HEALTH SECTION

17787

OPERATIONS PERMIT

Name: (owner) Ock City Honer	New Installation Septic Tank Repair
Property Location: SR# 15 C7 Subdivision Salfant Doods Lot # 31 Tax ID #	Nitrification Line
Contractor: Trany Coley	Registration #
Basement with Plumbing: Garage:	
Water Supply: Well Public Community Distance From Well: ft.	
Following are the specifications for the sewage dispos	sal system on above captioned property.
Type of system: Conventional Other 62	Flow
Size of tank: Septic Tank: / 200 gallons Pun	np Tank: gallons
Subsurface No. of exact length of each ditch of each ditch	width of depth of ditches 18-24 in.
French Drain Required: Linear feet	, , , , , , , , , , , , , , , , , , , ,
PERMIT NO. <u>21747</u>	Inspected by: Ruga Milails.
3 The	Deck Die

Road

HAR' TT COUNTY HEALTH DEPARTM NT

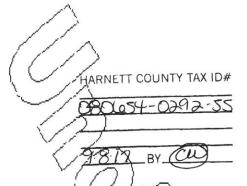
HTE 05.5-11728

IMPROVEMENT PERMII

21747

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." Property Location: SR# 1567 Balland LJ. New Installation Septic Tank Nitrification Line Repairs Subdivision Ballard Dads ___ Lot # _3/ Tax ID# Quadrant # _____ Number of Bedrooms Proposed:____ Lot Size: .7/Ac Basement with Plumbing: Garage: Public ☐ Community 50 ma ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Fother 25 To leavet in System Conventional Type of system: Size of tank: Septic Tank: / gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 300 ft. ditches I ditches/F-24 in. French Drain Required: ____Linear feet Date: This permit is subject to revocation if site Signed: // plans or intended use change. Environmental Health Specialist * Muntanall retbucks thoughthe acceptur 5

Map # 2004-laal



FOR REGISTRATION
Kimberly S Hargrove
REGISTER OF DEEDS
Harnett County N.
2017 SEP 06 02:45 S2 PM
BK:3839 PG:780-781
EE:526.00
INSTRUMENT # 2017013547



SPECIAL WARRANTY DEED

Mail to:

Jason Jolly and Sara Jolly

455 Ruth Circle

Fuquay-Varina, NC 27526

Drawn by:

SHAPIRO & INGLE 10130 Perimeter Parkway, Suite 400 Charlotte, NC 28216

If the initials of any Grantor or agent appear, the property includes the primary residence of at least one of the Grantors. (N.C.G.S. § NS-31/2):

Tax ID#: 080654 0292 55

REVENUE STAMPS EXEMPT

STATE OF NORTH CAROLINA COUNTY OF HARNETT

THIS INDENTURE Made this 8th day of August, 2017, between Fannie Mae A/K/A Federal National Mortgage Association hereinafter GRANTOR, whose address is P.O. Box 650043, Dallas, TX 75265-0043 and Jason Jolly and Sara Jolly, hereafter GRANTEE, whose address is

455 Ruth Circle, Fuquay-Varina, NC 552 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 31, Phase 2, Ballard Woods Subdivision, according to the plat thereof, recorded in BOOK OF MAPS 2004, Page 1226, in the office of the Register of Deeds of Harnett County, North Carolina.

Property Address:

455 Ruth Circle, Fuquay Varina, NC 27526

*a/k/a Jason Keith Jolly and SaraHayes Jolly, Musband and wife



TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to Grantee in fee simple.

And the Granter covenants with the Grantee, the Granter has done nothing to impair such title as Granter received, and Granter will warrant and defend the title against the lawful claims of all persons claiming by, under or through Granter and to none other.

Fannie Mae A/K/A Federal National Mortgage Association, by and through its attorney in fact Shapiro & Ingle, LLP

By: Erin L. Roberts Authorized Signatory

STATE OF NORTH CAROLINA COUNTY OF MECKLENBURG

On this 8th day of August, 2017, before me, the undersigned Notary Public, personally appeared Erin L. Roberts personally known to me to be, an Authorized Signatory of Shapiro & Ingle, LLP and being by me duly sworn and known to me to be the person who executed the within instrument on behalf of said Shapiro & Ingle, LLP, a company that executed and whose name is subscribed to the within instrument as the attorney-in-fact for Fannie Mae A/K/A Federal National Mortgage Association and acknowledged to me that he/she subscribed the name of Fannie Mae A/K/A Federal National Mortgage Association thereto as principal and the name of Shapiro & Ingle, LLP as attorney-in-fact for said Fannie Mae A/K/A Federal National Mortgage Association and that said Company executed the same as such attorney in fact and that the authority to execute and acknowledge said instrument is contained in an instrument duly executed, acknowledged, and recorded in the Office of the Register of Deeds, County of Mecklenburg, State of North Carolina, on the Twenty-Second day of June, 2017 Book 31901, Page 996.

WITNESS my hand and official scal.

Notary Public

My Commission Expires: 3 26 18

Property Address: 455 Ruth Circle, Fuquay Varina, NC 27526

16-084212

MICHELLE TONEY
NOTARY PUBLIC
Mecklenburg County
North Carolina

My Commission Expires March 26, 2018