

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 W. CORNELIUS HARNETT BLVD.
LILLINGTON, NC 27546
910-893-7547 PHONE
910-893-9371 FAX

Caution
permit is
ready

Application for Repair

christianbennett@gmail.com
tkfandjmb@yahoo.com EMAIL ADDRESS:

NAME Jared M. Bauer by POA Christian Bennett PHONE NUMBER 910-527-3279 Christian
360-900-9428 Jared

PHYSICAL ADDRESS 224 Woodwind Dr. Spring Lake, NC 28390

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 2326 SE Kelby Cir Port Orchard, WA 98366

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

Tradewinds L#64 Tradewinds Sec#5 PC#F-283B .47ac
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: Hwy 401 toward Fayetteville turn
onto Elliot Bridge Rd. right onto riverwind dr
left onto Woodwind Dr.

In order for Environmental Health to help you with your repair, you will need to comply by completing the following:

1. 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.

Jared Bauer by POA Christian Bennett 3-12-20
Signature ASect 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) 1995

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? _____ # 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? 3-6-20 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?
Tank has a hole on the outlet side at midseam. Observed during septic inspection on 3-6-20 by Maples Septic 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) Greg Farote New Installation Septic Tank
 Property Location: SR# _____ Repairs Nitrification Line
 Subdivision Trade Winds Lot # 64
 TAX ID# _____ Quadrant # _____
 Contractor: Otis Strickland Registration # _____
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: _____ ft.

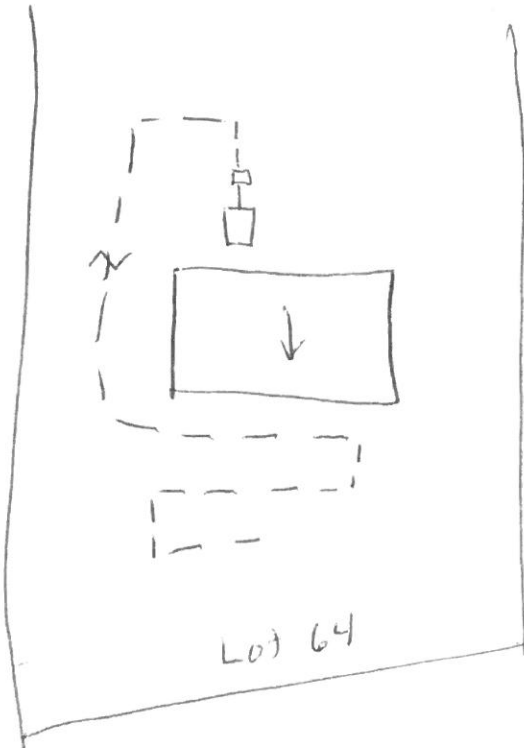
Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of _____
 Drainage Field ditches 1 of each ditch 240 ft. ditches 3 ft. ditches 18-20 in.
 French Drain: _____ Linear feet

Date: 10/17/95
 Inspected by: Chris Parker, R.S.

PERMIT NO. _____

Environmental Health Specialist



Post-it® Fax Note	7671	Date	1/19/95	# of pages	1
To	Jim - The Good Looking	From	K. Parker		
Co./Dept.	Guy with the	Co.			
Phone #	Biggest EGO	Phone #	910 893 7547		
Fax #	483 7900	Fax #	910 893 9371		

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) Greg Farole New Installation Septic Tank
Property Location: SR# 2045 Elliot Bridge Rd Repairs Nitrification Line

Subdivision Trade Winds Lot # 64

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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

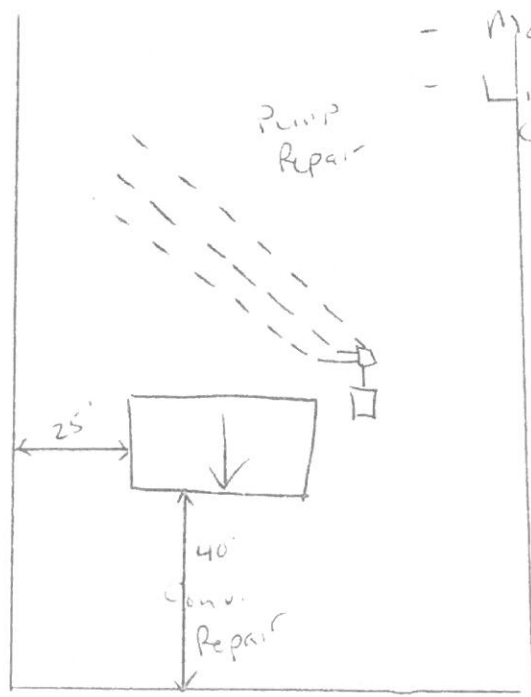
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in. ^{max}

French Drain required: _____ Linear feet

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

Date: 5/17/95
Signed: Chris Ciskar, R.S.
Environmental Health Specialist

VOID AFTER 5 YEARS



- Maintain all setbacks
- Lines shall follow contour of ground

PCH F Slide 283-B

PCH F Slide 283 B

STATE OF NORTH CAROLINA
 COUNTY OF CUMBERLAND

I, JOHN M. VEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, (DEED DESCRIPTION, RECORDED IN DEED BOOK 885, PG. 444, ETC.) THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FURNISHED TO ME BY THE SUBDIVIDER AND THAT THE RATIO OF PRECISION AS CALCULATED IS 1:20,000. THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED.

WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 22ND DAY OF APRIL, A.D. 1994

REGISTER OF DEEDS FOR HARRIETT COUNTY, DO HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THAT REGISTERED IN BOOK PAGE REGISTERED IN HARRIETT COUNTY, WITNESS MY HAND AND OFFICIAL SEAL THIS 22 DAY OF APRIL, 1994

REGISTER OF DEEDS
 HARRIETT COUNTY.

STATE OF NORTH CAROLINA
 COUNTY OF CUMBERLAND

I, THOMAS B. WARRING, A NOTARY PUBLIC ON THE COUNTY AND STATE ATTEST, DO HEREBY CERTIFY THAT JOHN M. VEY, A REGISTERED LAND SURVEYOR, HAS ACCURATELY PREPARED BEFORE ME THIS PLAT AND INSTRUMENT, WITNESS MY HAND AND OFFICIAL STAMP OR SEAL THIS 22 DAY OF APRIL, 1994

THOMAS B. WARRING
 NOTARY PUBLIC
 MY COMMISSION EXPIRES MAY 29, 1996

L-1486

LAND USE PLANNING & SURVEYING
 270 BULLARD STREET, F.O. BOX 448
 HOPE MILLS, N.C. 28348
 PHONE (910) 425-4882.



DEPARTMENT OF TRANSPORTATION
 DIVISION OF HIGHWAYS

PROPOSED SUBDIVISION ROAD
 CONSTRUCTION STANDARDS CERTIFICATION

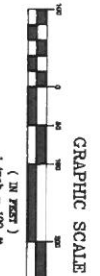
APPROVED TS Navarro Stevens
 DISTRICT ENGINEER

DATE 4/4/1994

THE UNDERSIGNED HEREBY REPRESENTS THAT THE LAND SHOWN ON THIS PLAT IS THE PROPERTY OF THE SUBDIVIDER, AND THAT THIS PLAT IS OUR OWN WORK AND NOT A COPY OF ANY PLAT PREVIOUSLY MADE BY US OR ANY OTHER PERSON OR ENTITY. WE HEREBY CERTIFY THAT THIS PLAT IS OUR OWN WORK AND NOT A COPY OF ANY PLAT PREVIOUSLY MADE BY US OR ANY OTHER PERSON OR ENTITY.

DATE 4/4/94

Thomas B. Warring
 DIVISIONAL ENGINEER

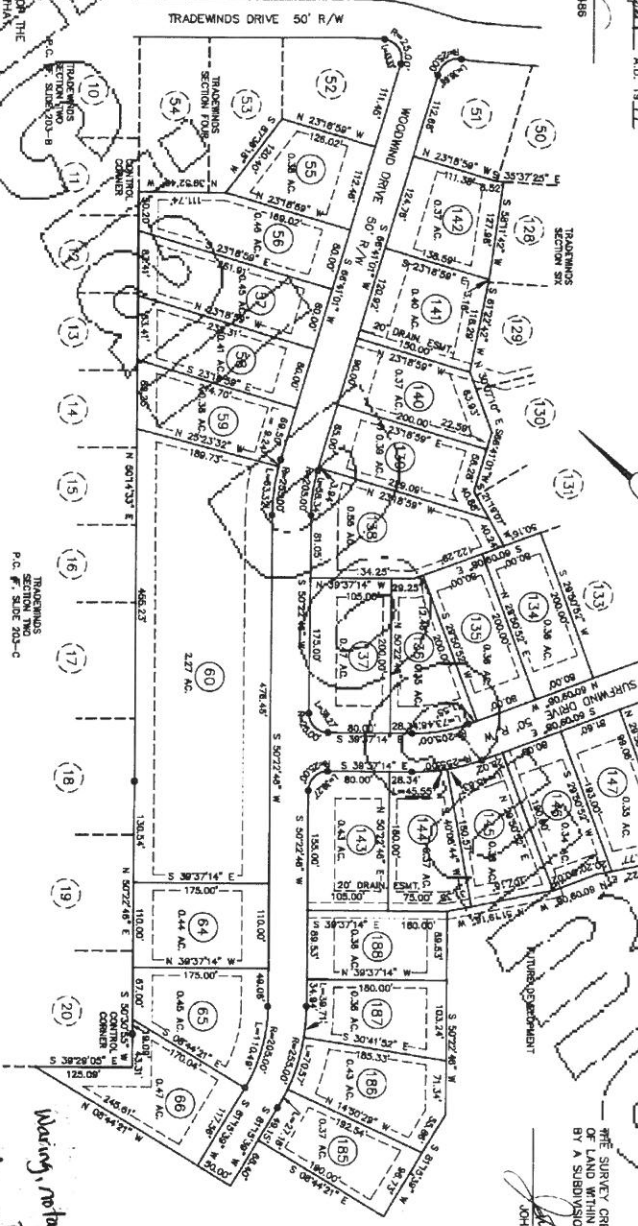


NEAR LITLINGTON
 HARRIETT COUNTY
 DMC. NO. 77-SEC-6
 JOHN M. VEY

NORTH CAROLINA
 ANDERSON CREEK TOWNSHIP
 APRIL 1, 1994
 REG. I-1486

TRADEWINDS
 SECTION FIVE

Thomas B. Warring, notary of Cumberland Co.
 PCH F Slide 283 B
 1874
 Mark
 Boyle P. Holder, by David C. Smith



LEGEND
 ● IRON STAKES (AT ALL CORNERS).
 NOTE: THERE IS NO N.C.G.S. MONUMENT WITHIN 2,000' OF SITE.
 NOTES:
 MIN. LOT WIDTH: 60'
 PROPORTY OF: 1/4 AC.
 MALCOLM CROMBIE
 P.O. BOX 33337
 RAYLEIGH, N.C. 27602
 REG. DEED BOOK 885, PG. 444

LEGEND
 ● IRON STAKES (AT ALL CORNERS).
 NOTE: THERE IS NO N.C.G.S. MONUMENT WITHIN 2,000' OF SITE.
 NOTES:
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 MALCOLM CROMBIE
 P.O. BOX 33337
 RAYLEIGH, N.C. 27602
 REG. DEED BOOK 885, PG. 444

THE SURVEY CREATES A SUBDIVISION BY A SUBDIVISION ORDINANCE.
 JOHN M. VEY



PCH F Slide 283 B

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Jared M Bauer, am the legal owner(s) of the property located at 224 WOODWIND DR SPRING LAKE NC 28390, identified as PIN (Parcel Identification Number) 0534252-0799, located in ~~XXXXX~~ Harnett County, North Carolina.

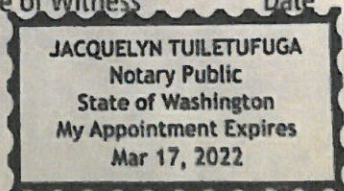
I do hereby authorize (print legal representative/company name) CHRISTIAN BENNET, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Harnett County Department of Public Health, Environmental Health Division.

[Signature]
Signature of Owner(s)
11 Mar 2020
Date

[Signature] 03/11/20
Signature of Witness Date





2007001712

HARNETT COUNTY TAX
501-0545-0016 104

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2007 JAN 29 11:42:07 AM
BK: 2334 PG: 606-608 FEE: \$17.00
NC REV STAMP: \$217.00
INSTRUMENT # 2007001712

1-29-07 8105

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$217.00

Tax Lot No. _____ Parcel Identifier No. 0534-52-6799,000

Verified by _____ County on the _____ day of _____, 20____
by _____

Mail after recording to McGeachy, Hudson & Zuravel
555 Executive Pl., Fayetteville, NC 28305

This instrument was prepared by Donald C. Hudson

Brief Description for the index: Lot 64, Tradewinds, Sec. 5

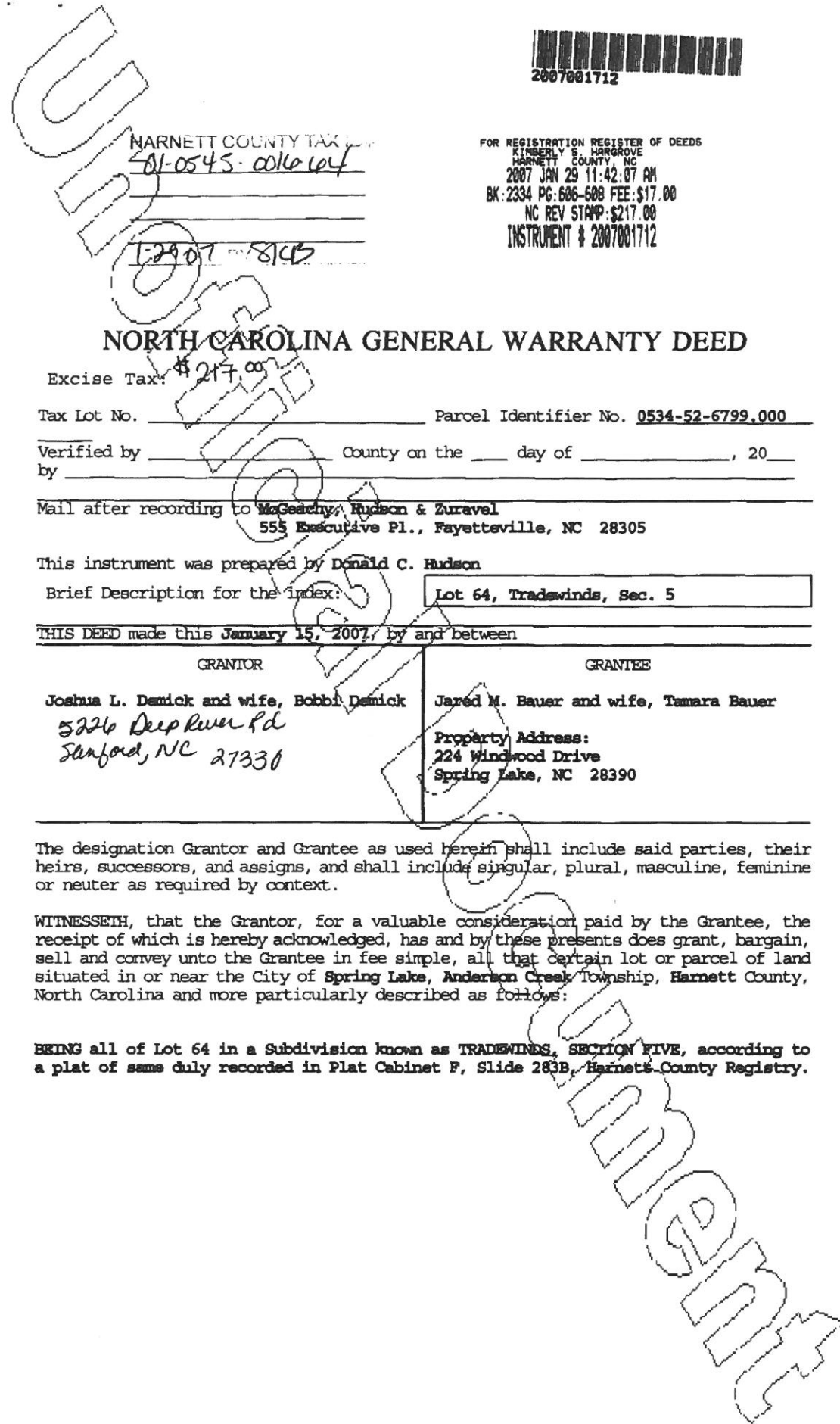
THIS DEED made this January 15, 2007, by and between

GRANTOR	GRANTEE
<u>Joshua L. Demick and wife, Bobbi Demick</u> <u>5226 Deep River Rd</u> <u>Sanford, NC 27330</u>	<u>Jared M. Bauer and wife, Tamara Bauer</u> Property Address: <u>224 Windwood Drive</u> <u>Spring Lake, NC 28390</u>

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 or near the City of Spring Lake, Anderson Creek Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 64 in a Subdivision known as TRADEWINDS, SECTION FIVE, according to a plat of same duly recorded in Plat Cabinet F, Slide 283B, Harnett County Registry.



The property hereinabove described was acquired by Grantor by instrument recorded in Book 1391, Page 716.

A map showing the above described property is recorded in Plat Cabinet F, Slide 283B.

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 which appear of record.

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

Joshua L. Demick by Donna Anderson (SEAL) ^{DA ATF}

BY: *Donna* (SEAL)
Donna Anderson His Atty in Fact

Bobbi Demick (SEAL)
Bobbi Demick

SEAL-STAMP

BY: *Donna Anderson by ATF* (SEAL)
Donna Anderson Her Atty in Fact

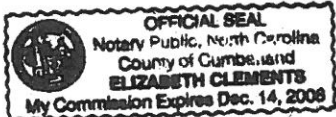
State of North Carolina,
Cumberland County

I, Elizabeth Clements, Notary Public of Cumberland County, State of North Carolina, certify that Donna Anderson Attorney in fact for, Joshua L. Demick and wife, Bobbi Demick personally appeared before me this day and being by me duly sworn says that he/she executed the foregoing and annexed instrument for and on behalf of, Joshua L. Demick and wife, Bobbi Demick, and that his/her authority to execute and acknowledge said instrument is contained in an instrument recorded in the Cumberland County Registry and that this instrument was executed under and by virtue of the authority given by said instrument granting him/her power of attorney; that the said Donna Anderson acknowledged the due execution of the foregoing and annexed instrument for the purpose therein expressed for and in behalf of the said Joshua L. Demick and Bobbi Demick.

Witness my hand and official stamp or seal, this 26TH day of January 2007.

My commission expires:

Elizabeth Clements
Notary Public



MAPLES SEPTIC TANK SERVICES, INC.

80 Thomas Kelly Road

Sanford, NC 27330

(919) 258-3750 Phone (919) 258-3914 Fax

Inspection Certification #24751

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

Address of Property 224 woodwind dr Spring Lake

Current Owner on Record _____

Inspection Requested by BENJAMIN whitfield

Other Name _____

Company/Contact Number 919-244-7074

Date of Inspection 3/6/2020

Copy of Operations permit from Harnett County of Environmental Health attached.

_____ Operations Permit not available.

Type of water supply Well Public Water Community Water

Location of Septic Tank and Septic Tank details:

10' ft from house or structure

_____ ft from well if applicable

120' ft from water line if applicable

20' ft from property line

_____ approximate distance from surface to top of tank

_____ access riser(s) yes no describe: _____

_____ Tank lids intact yes no

Tank has baffle wall

Inflow to tank is noted as sufficient

_____ Inflow to tank is noted as insufficient or blocked

_____ Outlet has a filter yes no unknown

_____ Outlet T is present yes no

_____ Effluent leaves the outlet yes no unknown

_____ Roots present in tank yes no unknown

Evidence of Infiltration into tank of surface water yes no

Evidence of tank leakage noted

Unable to locate tank. System inspection cannot be completed until tank is located

Garbage Disposal yes no unknown

Number of bedrooms ?

Date tank was last pumped 3/6/2020

Percentage of sludge detected in tank 0%

Does System have a pump tank? yes (complete blanks below) no

ft from house or structure

ft from well if applicable

ft from water line if applicable

ft from property line

Approximate distance from surface to top of tank

Access riser(s) in place yes no

ft from Septic tank

Location of control Panel

Electrical connection are in place and properly grounded

Alarm is working properly

Pump is working properly

Dosing volume correct

Unable to operate pump/alarm due to lack of electricity at site at time of inspection

System requires a subsurface operator yes no

If yes, Operator Name _____ Contact number _____

Copy of most recent operator report attached yes no

Drain field located:

20' ft from property line

2' ft from septic/pump tank

1 # of lines located

246 ft length of system

Type of system Conventional Innovative Experimental Controlled Demo

Pretreatment: Type of Pretreatment

Brief Description of System Type: Gravel

yes Evidence of past or current surfacing at time of inspection

NO Large trees or other vegetation noted over drain field area, if YES briefly describe

NO Evidence of traffic over drain field, if YES briefly describe

Other pertinent facts noted during inspection Tank has a hole on outlet side
AT Midseam water was low when we dug it up D Box is in fair condition
Line takes good RTIME of inspection (needs new Tank)

Inspector Name: **Maples Septic Tank Services, INC. Owner Terry R. Maples Certification #24751**

80 Thomas Kelly Road, Sanford, NC 27330 Office phone (919) 258-3750 Cell (919) 356-5785

Inspectors Signature: [Signature] Date: 3/6/2020