

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: Lbjohnson2@gmail.com

NAME Lauren Westover PHONE NUMBER 9105514071

PHYSICAL ADDRESS 84 Yorkshire Dr, Cameron, NC 28326

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

SUBDIVISION NAME _____ LOT #/TRACT # _____ STATE RD/HWY _____ SIZE OF LOT/TRACT _____

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 4 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County Right on

Directions from Lillington to your site: NC-27 W 1.9 m to NC 24 E .3m to Cameron hill road 2.9m, to Right Yorkshire 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.

Lauren Westover
Signature

5/15/19
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 [X] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] NO

Year home was built (or year of septic tank installation) 1998 or 1999
Installer of system Ted Brown?
Septic Tank Pumper
Designer of System

- 1. Number of people who live in house? 3 # adults # children # total
2. What is your average estimated daily water usage? 4000 gallons/month or day county
water. If HCPU please give the name the bill is listed in Lauren Johnson
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? april 2020 How often do you have it pumped? Yearly
5. If you have a dishwasher, how often do you use it? [X] daily [] every other day [] weekly
6. If you have a washing machine, how often do you use it? [] daily [] every other day [X] weekly [] monthly
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [X] NO If yes please list
10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO
12. Have you installed any water fixtures since your system has been installed? [] 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 list
15. Are there any underground utilities on your lot? Please check all that apply:
[X] Power [X] Phone [] Cable [] Gas [X] Water
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?
march or april 2020. Ground water surfacing, drain field / distribution box problems
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

Hold

ARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 12734

OPERATIONS PERMIT

Name: (owner) Ted Brown New Installation Septic Tank
 Property Location: SR# 1108 Repairs Nitrification Line
 Subdivision Yorkshire Plantation Lot # 13
 TAX ID# _____ Quadrant # _____
 Contractor: Ted Brown Registration # _____

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

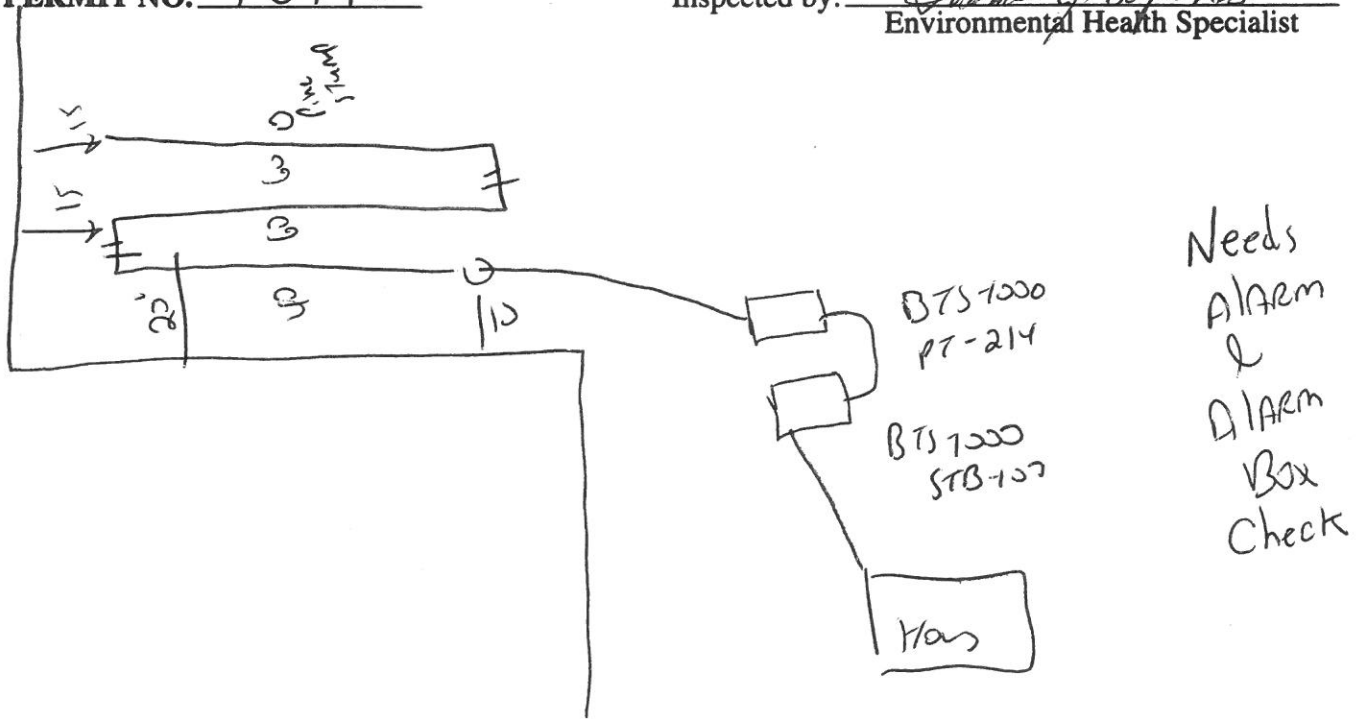
Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other Pump to EEE-222 Log
 Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface Drainage Field No. of ditches 1 exact length of each ditch 160 ft. width of ditches 3 ft. depth of ditches 12-18 in.
 French Drain: _____ Linear feet

Date: 5-7-99

PERMIT NO. 13440

Inspected by: Thomas J. Boyce R.S.
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) Ted Brown

New Installation Septic Tank

Property Location: SR# 1108

Repairs Nitrification Line

Subdivision Yorkshire Plantation Lot # 13

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.0 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50+ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Polystyrene Aggregate Trench System (11005-95-SR)

Size of tank: Septic Tank: 1000 gallons Pump Tank: 100 gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12-16 in.

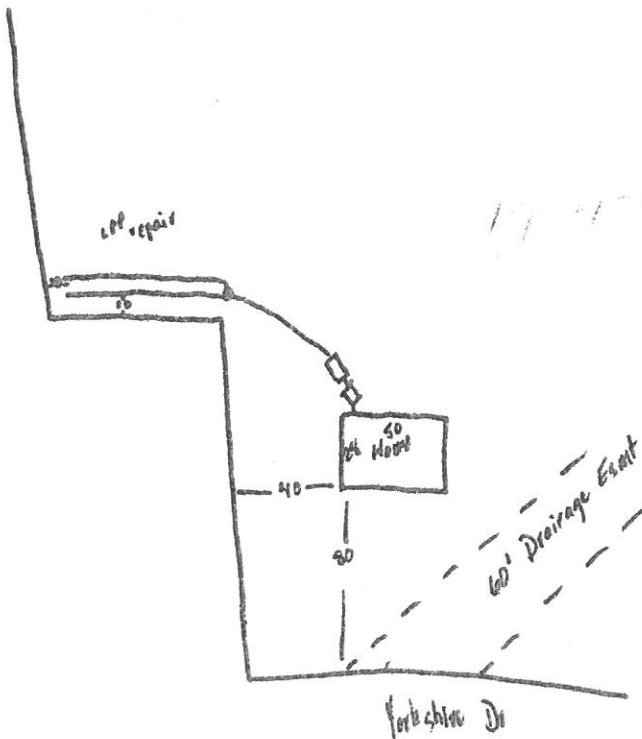
French Drain Required: _____ Linear feet

Date: 2-10-98

Signed: Thomas J. Burr R.S.
Environmental Health Specialist

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

Maintain setbacks
Contractor to meet on site
prior to installing
Start at 12" deep and go to 18"
6" cover required
Pump may not be needed



For Registration Kimberly S. Hargrove
 Register of Deeds
 Harnett County, NC
 Electronically Recorded
 2017 Sep 15 04:49 PM NC Rev Stamp: \$ 310.00
 Book: 3542 Page: 20 - 21 Fee: \$ 26.00
 Instrument Number: 2017013944

HARNETT COUNTY TAX ID #
 09-9565-0056-13

09-15-2017 BY: CW

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 310.00

Parcel Identifier No. 2564-54-4991-000 Verified by _____ County on the ____ day of _____, 20__
 By: _____

Mail/Box to: McGeachy, Hudson & Zuravel, 605 EXECUTIVE PL, FAYETTEVILLE NC 28305

This instrument was prepared by: Donald C. Hudson 42793/rma

Brief description for the Index: LOT 13, "Recombination Map prepared for Ted Brown"

THIS DEED made this 29th day of August, 2017, by and between

GRANTOR
 MATTHEW A. OWENS and wife, ASHLEY G. OWENS
 500 ST. MICHAEL DRIVE BOX 70
 TEXARKANN, TX 75503

GRANTEE
 LAUREN B. JOHNSON, unmarried
 84 YORKSHIRE DRIVE
 CAMERON, NC 28326

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 the City of CAMERON, Johnsonville Township, HARNETT County, North Carolina and more particularly described as follows:

BEING all of Lot 13 "Recombination Map prepared for Ted Brown", as recorded in Plat Cabinet "F", Slide 798-"B", Harnett County Registry, North Carolina.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2879 page 300.
 All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book "F" page 798-"B".

Page 1 of 2

NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002, 2013
 Printed by Agreement with the NC Bar Association - 1981

This standard form has been approved by:
 North Carolina Bar Association - NC Bar Form No. 3

This instrument prepared by Donald C. Hudson, a licensed North Carolina attorney.
 Delinquent taxes, if any, to be paid by the closing attorney to the county tax collector upon distribution of closing proceeds.

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:

Restrictive covenants recorded in Book 1211, Page 78, HARNETT County Registry. Easements and Restrictions of record. 2017 ad valorem taxes.

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

By: _____ (Party Name) _____ (SEAL)
Print/Type Name: MATTHEW A. OWENS
By: _____ (SEAL)
Print/Type Name: Ashley G. OWENS
By: _____ (SEAL)
Print/Type Name: _____

State of Texas - County or City of Bowie
I, the undersigned Notary Public of the County or City of Bowie and State aforesaid, certify that MATTHEW A. OWENS and ASHLEY G. OWENS 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 29 day of August, 2017.

My Commission Expires: 07/20/2020 (Affix Seal)
SENDY LABRADA
My Notary ID # 130747227
Expires July 20, 2020
Notary's Printed or Typed Name: Sendy Labrada

State of _____ - County or City of _____
I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ 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 _____ day of _____, 20____.

My Commission Expires: _____ (Affix Seal)
Notary's Printed or Typed Name: _____

State of _____ - County or City of _____
I, the undersigned Notary Public of the County or City of _____ 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: _____ (Affix Seal)
Notary's Printed or Typed Name: _____