

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: Kennyandbrandi@hotmail.com

NAME Kenneth Loch PHONE NUMBER 919-896-0619

PHYSICAL ADDRESS 63 Paige Stone Way, Angier, NC 27501

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

CROSS LINK 69 06

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: N on 401; After 8 miles - turn right on chalybeate Springs rd; After 2.3 miles - turn right on cross link dr; take 1st left on Paige Stone Way; I'm the 2nd house on the left

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.


Signature

6/22/2020
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) 2019

Installer of system Brantley + Sons

Septic Tank Pumper "

Designer of System "

1. Number of people who live in house? 3 # adults 5 # children 8 # total
2. What is your average estimated daily water usage? 300 gallons/month of day yes 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? 3/20 How often do you have it pumped? annual
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?
Water is coming to the surface of the drain field; started in Feb.

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 _____

HTE# SFD1812-0010

Harnett County Department of Public Health

25327

PERMIT # 30328

Operation Permit

521441

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 63 Paige Stone Way (Chalybeate Springs Rd)

SUBDIVISION Cross Link Place LOT # 69

Name: (owner) True Homes, LLC

System Installer: David Brantley + Sons Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

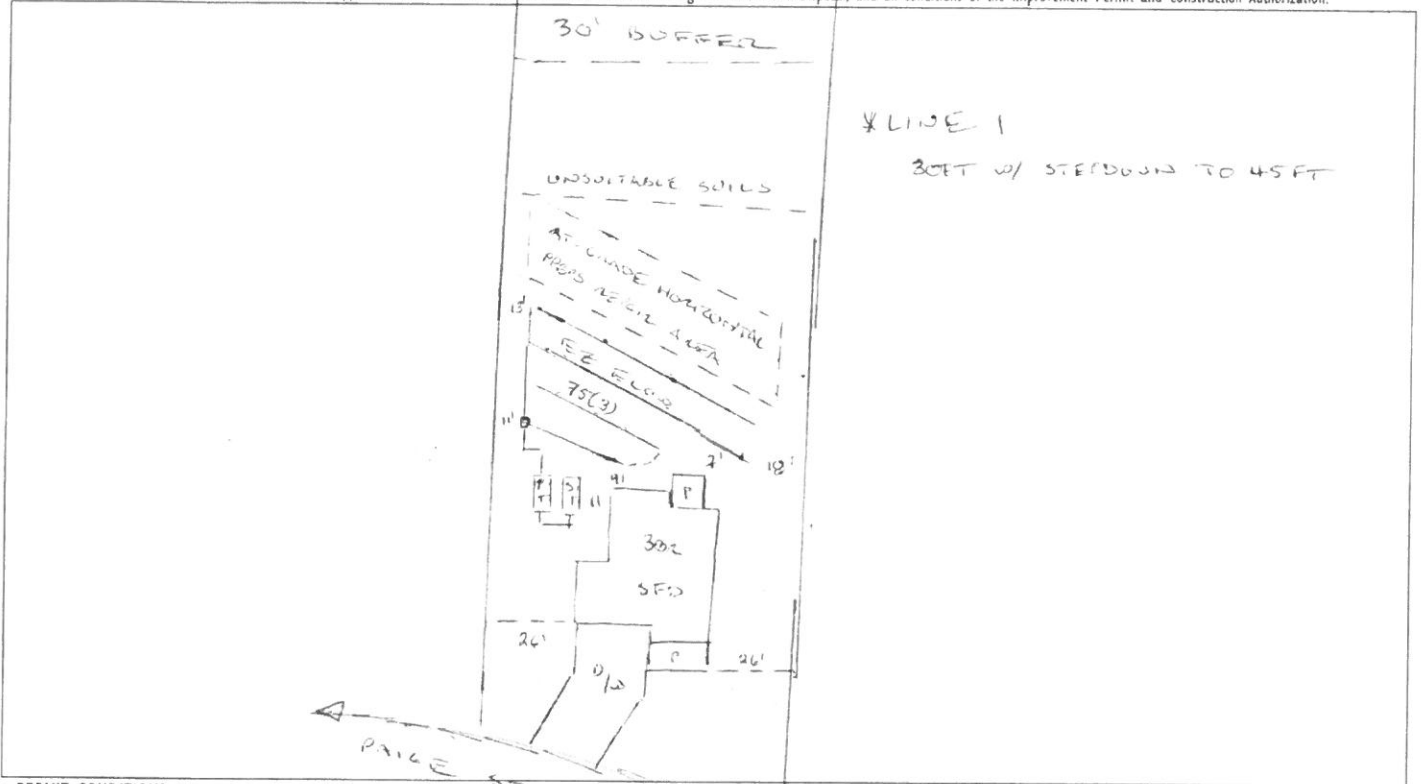
Type of Water Supply: Community Public Well Distance from well NA feet

System Type: 25% reduction Sys. IIIb Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

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 Construction 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 No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other EE FLOW IIIb Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 75 feet ditches 3 feet ditches 18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature]

Date 02/07/2019

HARNETT REGIONAL WATER
Customer/Location Consumption History Inquiry

Customer ID: 239289 Name: LOCH, KENNETH & BRANDI
Location ID: 95383 Addr: 63 PAIGE STONE WAY
Cycle/Route: 06 12 Amount due: \$59.04
Initiation date : 8/28/19 Pending : \$.00
Termination date: 0/00/00 Customer status: A Customer/Location status: A

Type options, press Enter.

1=Select 5=View detail 6=Display comment codes

Opt	Code	Service	Reading	Date	Actual Consumption	Actual Demand	Days	Meter Number	Est CD	Cmnt CD
-	WA	REG		5/26/20	9099.00		.00 34	180214598		N
-	WA	REG		4/22/20	8045.00		.00 32	180214598		N
-	WA	REG		3/21/20	5675.00		.00 23	180214598		N
-	WA	REG		2/27/20	7014.00		.00 27	180214598		N
-	WA	REG		1/31/20	6468.00		.00 28	180214598		N
-	WA	REG		1/03/20	9041.00		.00 39	180214598		N
-	WA	REG		11/25/19	6319.00		.00 28	180214598		N
-	WA	REG		10/28/19	5994.00		.00 28	180214598		N +

F3=Exit F5=Print history F6=Meter inventory F7=Meter svc info
F8=Pending/history trans F9=Budget trans F24=More keys

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2019 Aug 23 03:03 PM NC Rev Stamp: \$ 496.00
Book: 3728 Page: 830 - 832 Fee: \$ 26.00
Instrument Number: 2019012038

HARNETT COUNTY TAX ID #
040664 0093 17

08-23-2019 BY: SB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$496.00

Parcel Identifier No. 040664 0093 17 Verified by _____ County on the ____ day of _____, 20____
By: _____

Mail/Box to: Hankin & Pack, PLLC, 2820 Selwyn Avenue, Suite 315, Charlotte, NC 28209

This instrument was prepared by: Hankin & Pack, PLLC, 2820 Selwyn Avenue, Suite 315, Charlotte, NC 28209

Brief description for the Index: Lot 69, Cross Link, Ph. 3

THIS DEED made this 21ST day of AUGUST, 2019, by and between

GRANTOR	GRANTEE
True Homes, LLC, a DE limited liability company	Kenneth Loch and spouse, Brandi Loch
<u>Mailing Address:</u> 2649 Brekonridge Centre Drive Monroe, NC 28111	<u>Mailing Address:</u> 63 PAIGE STONE WAY Angier, NC 27501

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

Being all of Lot 69, of Cross Link Place Subdivision, Phase 3 as per plat recorded in Map Book 2018, Page 299, Harnett County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3653 page 964.

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 2018 page 299.

Submitted electronically by "Hankin & Pack, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

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:

There is excepted from these warranties all easements, conditions, rights of way and restrictions as may appear on public record; and the lien of ad valorem taxes for the current year which taxes have been prorated as to the date of closing between the Grantor and Grantee.

*****SIGNATURE PAGE TO FOLLOW*****

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

True Homes, LLC, a Delaware limited liability company
(Entity Name)

Print/Type Name: _____ (SEAL)

By: *[Signature]*
Print/Type Name & Title: Mark Boyce, Manager

Print/Type Name: _____ (SEAL)

By: _____
Print/Type Name & Title: _____

Print/Type Name: _____ (SEAL)

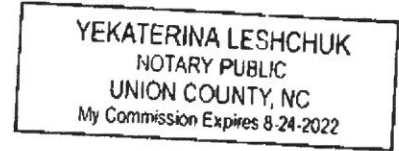
By: _____
Print/Type Name & Title: _____

Print/Type Name: _____ (SEAL)

State of North Carolina
County of UNION

(Official/Notarial Seal)

I certify that Mark Boyce, personally appeared before me this day, acknowledging that he is Manager of True Homes, LLC, a Delaware limited liability company, and as Manager and being authorized to do so, he executed the foregoing instrument on behalf of the limited liability company.



Date: 8-21-19 *[Signature]*
Yekaterina Leshchuk Notary Public
Notary's Printed or Typed Name

My Commission Expires:
8/24/2022