

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: BKmeyers2@aol.com  
NAME Lisa Meyers PHONE NUMBER 7069874484  
PHYSICAL ADDRESS 423 Bison Lane  
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME \_\_\_\_\_

Oakmont 48 Bison .63  
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

Directions from Lillington to your site: HWY 27 LEFT on Docs LEFT on Executive  
Right on Bison all the way to the end

- In order for Environmental Health to help you with your repair, you will need to comply by completing the following:**
1. 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.
  2. 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.

Lisa Meyers  
Signature

8-3-2020  
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) 2014  
Installer of system Mackee Homes  
Septic Tank Pumper \_\_\_\_\_  
Designer of System 25% Reduction System pump -

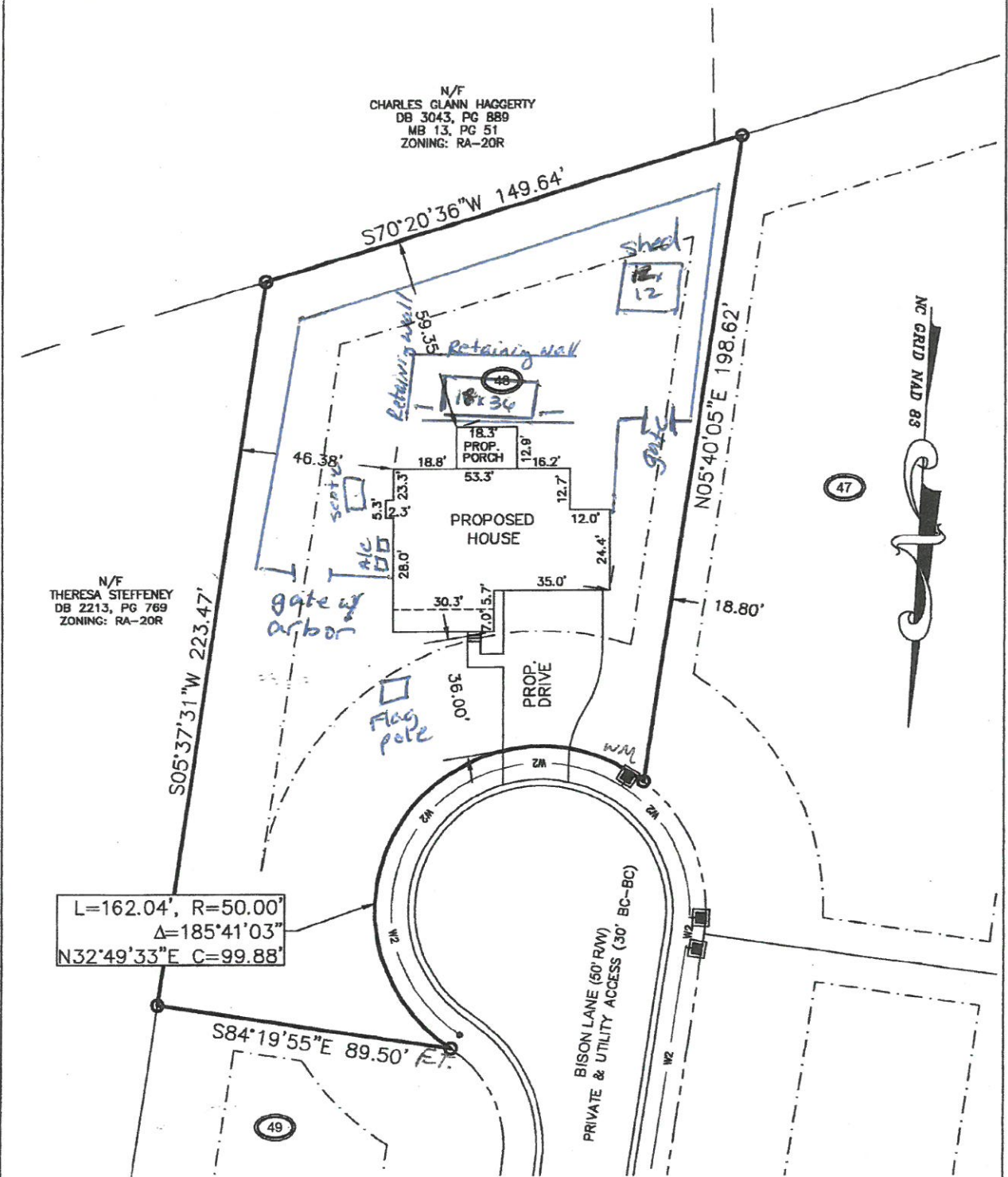
1. Number of people who live in house? 3 # adults \_\_\_\_\_ # children \_\_\_\_\_ # total \_\_\_\_\_
2. What is your average estimated daily water usage? \_\_\_\_\_ gallons/month or day \_\_\_\_\_ county water. If HCPU please give the name the bill is listed in \_\_\_\_\_
3. If you have a garbage disposal, how often is it used? [ ] daily  weekly [ ] monthly
4. When was the septic tank last pumped? 2 YRS How often do you have it pumped? as needed
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?  
as little as possible
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 pool
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?  
a spot in the yard it can be wet no sewage
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 Raid

HOUSE PLAN: BEAUFORT "ELEV B"

N/F  
CHARLES GLANN HAGGERTY  
DB 3043, PG 889  
MB 13, PG 51  
ZONING: RA-20R

N/F  
THERESA STEFFENEY  
DB 2213, PG 769  
ZONING: RA-20R

L=162.04', R=50.00'  
Δ=185°41'03"  
N32°49'33"E C=99.88'



BRAD + Lisa Meyers 706 987 4484  
 PLOT PLAN 423 Bison Lane  
 Lillington NC 27546  
 SUBDIVISION: OAKMONT SUBDIVISION  
 PHASE ONE  
 SECTION THREE



HTE# 13-5-32519R

# Harnett County Department of Public Health

23160

PERMIT # 27753

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: BISON LN

Name: (owner) McKEE HOMES LLC SUBDIVISION OAKMONT LOT # 48

System Installer: EDDIE GARNER Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 4

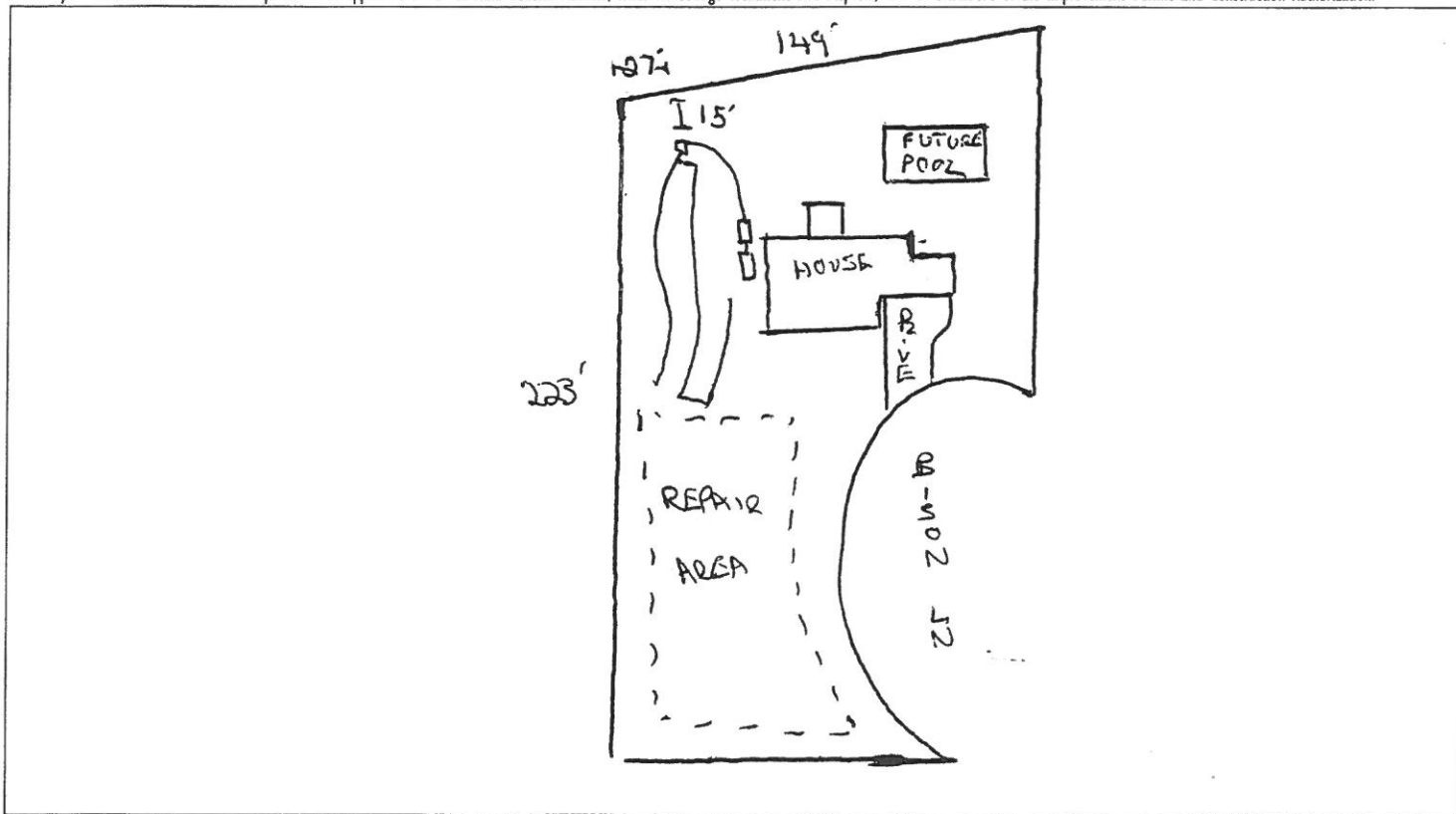
Type of Water Supply:  Community  Public  Well Distance from well 100 feet

System Type: DID 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 PUMP TO CHAMBER (24") Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 270 feet width of ditches 3 feet depth of ditches 24-18 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] Date 4/15/2014

HTE# 13-5-32519R

Har...tt County Department of Public Health

27753

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: McKee Homes LLC
PROPERTY LOCATION: BISON LN
SUBDIVISION: OAKMONT LOT # 48
Type of Structure: SFD (63x68)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM (PUMP)
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 max
Basement: No
Pump Required: No
Type of Water Supply: Public
Permit valid for: Five years

Authorized State Agent: [Signature] Date: 12/5/13
SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits.
REVIS 1/29/14

Construction Authorization
(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met.

ISSUED TO: McKee Homes LLC
PROPERTY LOCATION: BISON LN
SUBDIVISION: OAKMONT LOT # 48
Facility Type: SFD (63x68) New
Basement? No
Type of Wastewater System: 25% REDUCTION SYSTEM (PUMP)
(Initial) Wastewater Flow: 480 GPD
25% REDUCTION (PUMP UNDER STAIRWAY) (Repair)

Installation Requirements/Conditions
Septic Tank Size: 1000 gallons
Pump Tank Size: 1000 gallons
Number of trenches: 1
Exact length of each trench: 270 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 12-18 inches
Maximum Trench Depth: 24-30 inches
(Pump bottoms shall be level to +/- 1/4" in all directions)
18-24
Aggregate Depth: inches below pipe, inches above pipe, inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: [Signature] Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 12/5/13
Construction Authorization Expiration Date: 12/5/18
REVIS 1/29/14

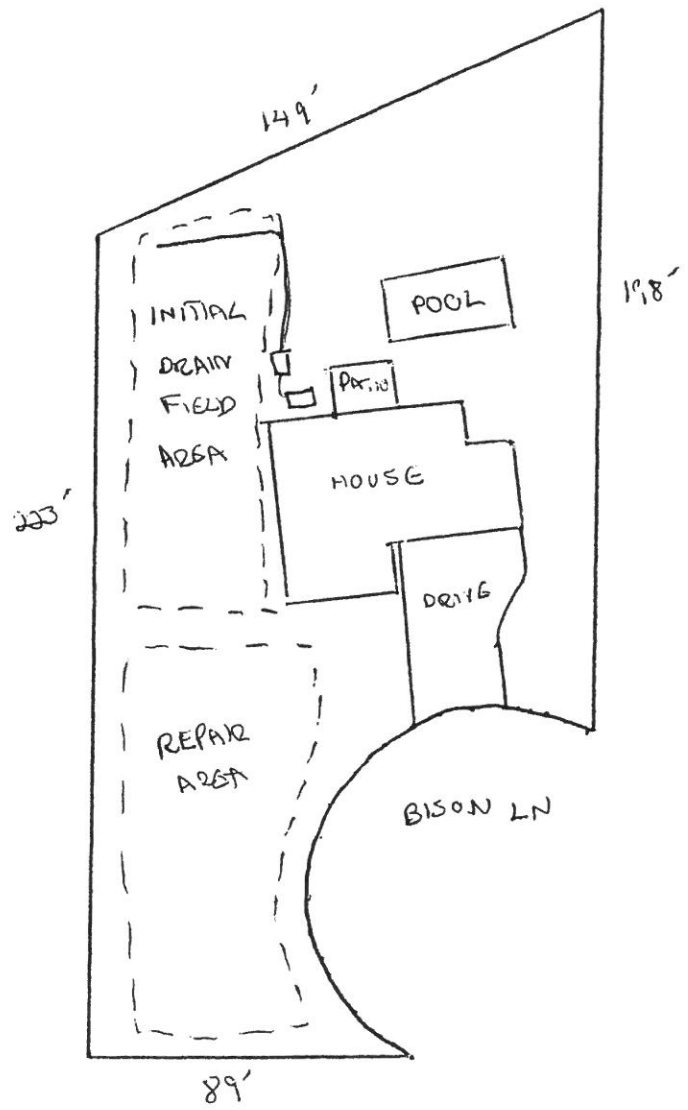
HTE# 13-5-325192

Permit # 27753

# Harnett County Department of Public Health Site Sketch

ISSUED TO: McKee Homes LLC PROPERTY LOCATOR: BISON LN  
SUBDIVISION OAKMONT LOT # 48

Authorized State Agent: ~~REAS (OLIVER TOLKSPORF)~~ Date: 1/29/14





HTE# 13-5-32519

# Harnett County Department of Public Health Improvement Permit

27753

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: McKee Homes LLC PROPERTY LOCATION: BISON LN  
 SUBDIVISION OAKMONT LOT # 48  
 NEW  REPAIR  EXPANSION   
 Type of Structure: SFD (63x68) Site Improvements required prior to Construction Authorization Issuance:  
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM  
 Projected Daily Flow: 480 GPD  
 Number of bedrooms: 4 Number of Occupants: 8 max  
 Basement  Yes  No  
 Pump Required:  Yes  No  May be required based on final location and elevations of facilities  
 Type of Water Supply:  Community  Public  Well Distance from well 100 feet Permit valid for:  Five years  
 No expiration  
 Permit conditions: \_\_\_\_\_

Authorized State Agent: [Signature] Date: 12/5/13 SEE ATTACHED SITE SKETCH  
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

## Construction Authorization (Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: McKee Homes LLC PROPERTY LOCATION: BISON LN  
 SUBDIVISION OAKMONT LOT # 48  
 Facility Type: SFD (63x68)  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD  
 (See note below, if applicable  25% REDUCTION (Repair))

**Installation Requirements/Conditions**

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>270</u> feet	Soil Cover: <u>12-18</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>24-30</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe
		_____ inches above pipe
Conditions: _____		_____ inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.**

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 12/5/13  
 Construction Authorization Expiration Date: 12/5/18

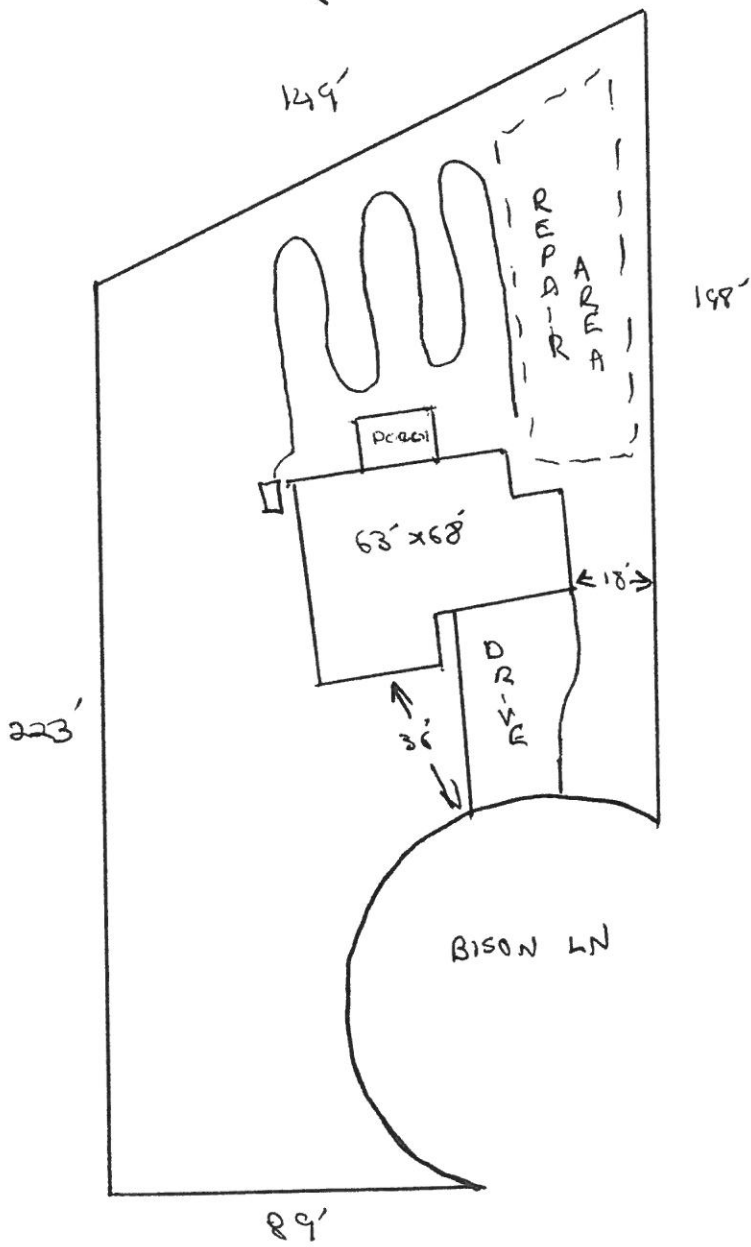
HTE# 13-5-32519

Permit # 27753

# Harnett County Department of Public Health Site Sketch

ISSUED TO: MCCREE HOMES LLC PROPERTY LOCATOR: BISON LN  
SUBDIVISION OAKMONT LOT # 48

Authorized State Agent: ~~REAS (SILVER TOLKSOFF)~~ Date: 12/2/13



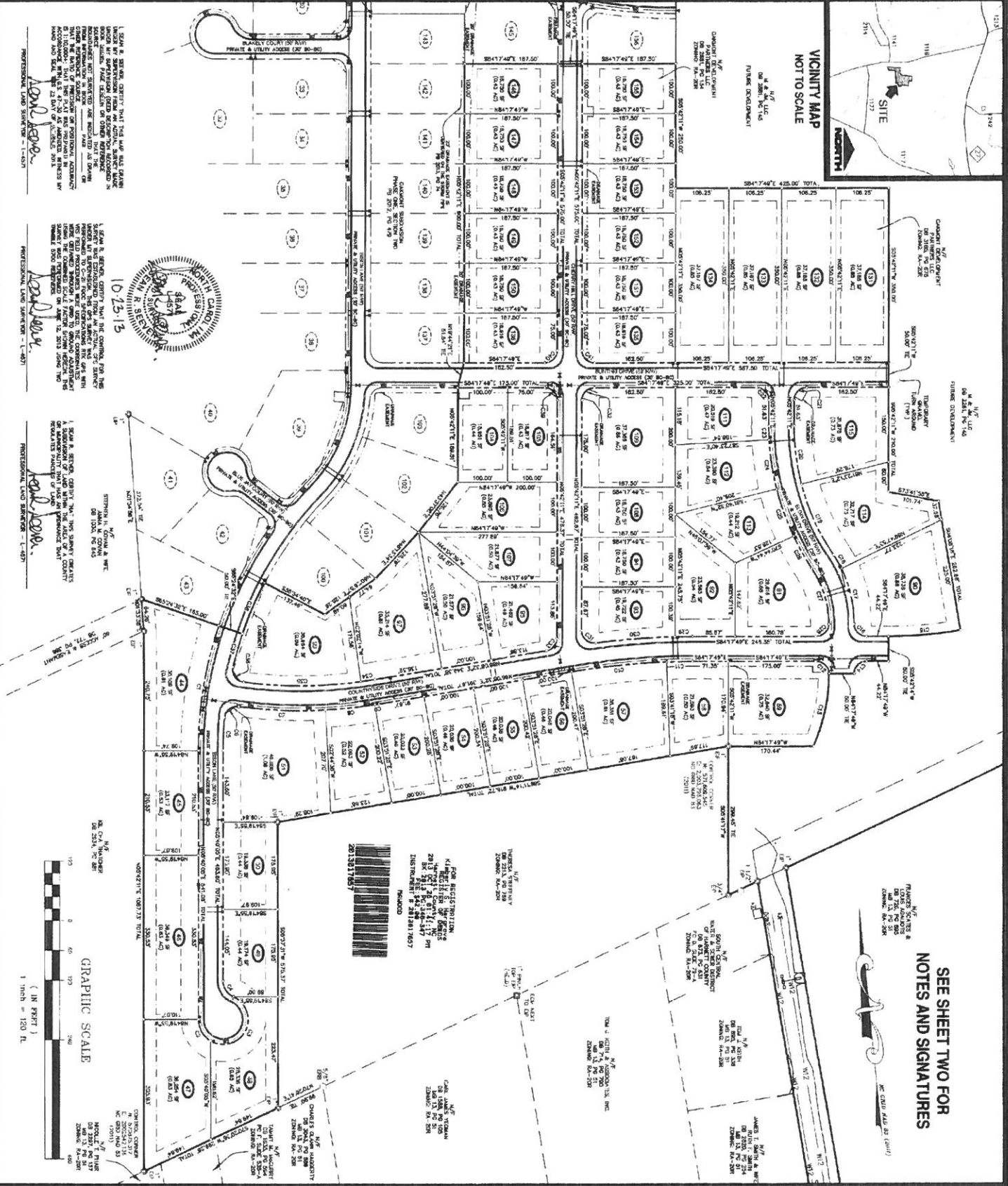


**SOIL/SITE EVALUATION  
 for ON-SITE WASTEWATER SYSTEM**

Owner:                      Applicant:  
 Address:                      Date Evaluated:  
 Proposed Facility: 4 BDRM      Design Flow (.1949): 480 gpd      Property Size:  
 Location of Site:                      Property Recorded:  
 Water Supply:                       Public  Individual  Well       Spring       Other  
 Evaluation Method:  Auger Boring       Pit       Cut  
 Type of Wastewater:  Sewage       Industrial Process       Mixed

P R O F I L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	<u>LS 5.7</u>	<u>0-10</u>	<u>GLS</u>	<u>VFN NS/MP</u>					
		<u>10-27</u>	<u>SBKCL</u>	<u>F2 SS/SP</u>					<u>PS 5.7</u>
		<u>27"</u>		<u>PM</u>					
2		<u>0-16</u>	<u>GS</u>	<u>VFN NS/MP</u>					
		<u>16-44</u>	<u>SBKCL</u>	<u>PM SS/SP</u>					<u>PS .45</u>
3		<u>0-10</u>	<u>GLS</u>	<u>VFN NS/MP</u>					
		<u>10-46</u>	<u>GS</u>	<u>VFN NS/MP</u>					<u>S .7</u>
4		<u>0-22</u>	<u>GLS</u>	<u>VFN NS/MP</u>					
		<u>22-48</u>	<u>SBKCL</u>	<u>F2 SS/SP</u>					<u>PS .45</u>

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): <u>PS</u> Evaluated By: <u>CK</u> Others Present: <u>---</u>
Available Space (.1945)	<u>✓</u>	<u>✓</u>	
System Type(s)	<u>4.5"/c</u>	<u>2.0</u>	
Site LTAR	<u>.25</u>	<u>.45</u>	



SEE SHEET TWO FOR  
NOTES AND SIGNATURES



DATE SURVEYED  
JUNE 12, 2013

SHEET NUMBER  
1

PROJECT INFORMATION

DATE SURVEYED	JUNE 12, 2013
SHEET NUMBER	1

CLIENT  
OAKMONT  
SUBDIVISION  
SURVEY  
SECTION THREE

TAX ID# 0507-234716.000  
DOCS ROAD  
BARBOUR TOWNSHIP  
HEARLINGTON  
HARRIS COUNTY  
NORTH CAROLINA

PROJECT NAME  
OAKMONT  
SUBDIVISION  
SURVEY  
SECTION THREE

REVISIONS

10/23/13

DATE SURVEYED  
JUNE 12, 2013

SHEET NUMBER  
1

DATE SURVEYED  
JUNE 12, 2013

SHEET NUMBER  
1

DATE SURVEYED  
JUNE 12, 2013

SHEET NUMBER  
1

DATE SURVEYED  
JUNE 12, 2013

SHEET NUMBER  
1



I, SEAN B. STERN, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION AND THAT I AM A LICENSED SURVEYOR IN THE STATE OF NORTH CAROLINA. I AM NOT PROVIDING ANY GUARANTEE OR WARRANTY, EXPRESS OR IMPLIED, FOR THE ACCURACY OF THIS MAP. ANY USER OF THIS MAP SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND FOR VERIFYING THE ACCURACY OF THIS MAP FOR THEIR OWN USE. THIS MAP IS NOT TO BE USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN CONSENT OF THE SURVEYOR. ANY REPRODUCTION OF THIS MAP WITHOUT THE WRITTEN CONSENT OF THE SURVEYOR IS PROHIBITED. ANY VIOLATION OF THESE TERMS SHALL BE CONSIDERED A VIOLATION OF THE PROFESSIONAL LAND SURVEYOR ACT. PROFESSIONAL LAND SURVEYOR - 1-1407

I, SEAN B. STERN, CERTIFY THAT THE CONTROLS FOR THIS SURVEY WERE CHECKED AND FOUND TO BE SATISFACTORY. I AM NOT PROVIDING ANY GUARANTEE OR WARRANTY, EXPRESS OR IMPLIED, FOR THE ACCURACY OF THIS MAP. ANY USER OF THIS MAP SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND FOR VERIFYING THE ACCURACY OF THIS MAP FOR THEIR OWN USE. THIS MAP IS NOT TO BE USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN CONSENT OF THE SURVEYOR. ANY REPRODUCTION OF THIS MAP WITHOUT THE WRITTEN CONSENT OF THE SURVEYOR IS PROHIBITED. ANY VIOLATION OF THESE TERMS SHALL BE CONSIDERED A VIOLATION OF THE PROFESSIONAL LAND SURVEYOR ACT. PROFESSIONAL LAND SURVEYOR - 1-1407

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10/23/13

10/23/13

10/23/13

HARNETT COUNTY TAX ID#  
06 03-0507-0046

5-1-14 BY (M)

FOR REGISTRATION  
Kimberly S. Hargrove  
REGISTER OF DEEDS  
Harnett County, NC  
2014 MAY 01 02:38:36 PM  
BK: 3211 PG: 519-520  
FEE: \$25.00  
EXCISE TAX: \$588.00  
INSTRUMENT # 2014005688  
TWESTER



**NORTH CAROLINA GENERAL WARRANTY DEED**

Excise Tax: \$588.00

Parcel Identification No.: 03-0507-0046 (PORTION OF PARENT) Verified by Harnett County

By: \_\_\_\_\_

Mail/Box to: Single Source Real Estate Services, Inc., 2919 Breezewood Ave, Ste 300, Fayetteville, NC 28303

This instrument was prepared by: The Real Estate Law Firm File Number: 34162-13JJ-CH

Brief description for the Index: Lot 48, OAKMONT SUBDIVISION SURVEY, SECTION THREE, PHASE ONE,

THIS DEED made this 30th day of April, 2014 by and between

GRANTOR	GRANTEE
<p><b>McKee Homes, LLC</b></p> <p>5112 Pine Birch Drive Raleigh, NC 27606</p>	<p><b>Bradley Kent Meyers and Lisa Cornwall Meyers,</b> husband and wife</p> <p>423 Bison Lane Lillington, NC 27546</p>

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 City of Lillington, Barbecue Township, Harnett County, NC and more particularly described as follows:

Being all of Lot 48, in a subdivision known as OAKMONT SUBDIVISION SURVEY, SECTION THREE, PHASE ONE, according to a plat of same being duly recorded in Book of Plats 2013, and Page 346, Harnett County Registry, North Carolina.

Parcel Identification No. 03-0507-0046 (PARENT)  
Property Address: 423 Bison Lane, Lillington, NC 27546

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3199, page 240.

A map showing the above describe property is recorded in Plat Book 2013, Page 346.

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 the 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 claim of all persons whomsoever, other than the following exceptions:

**Restrictions, easements and Rights-of-way of Record. Ad-valorem taxes not yet due and payable.**

**GRANTORS HEREBY CERTIFY THAT THE REAL PROPERTY HEREIN CONVEYED DOES NOT INCLUDE THEIR PRIMARY RESIDENCE.**

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

McKee Homes, LLC \_\_\_\_\_ (SEAL)

By: *Patrick J McKee* \_\_\_\_\_ (SEAL)  
Patrick J McKee

Title: Managing Member  
By: \_\_\_\_\_ (SEAL)

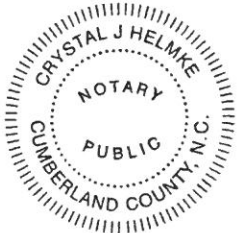
USE BLACK INK ONLY

State of \_\_\_\_\_, County of \_\_\_\_\_

I, the undersigned Notary Public of the County and State aforesaid, certify that, \_\_\_\_\_, personally appeared before 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 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public

State of North Carolina County Cumberland



USE BLACK INK ONLY

I, the undersigned Notary Public of Cumberland County, State of aforesaid, certify that Patrick J McKee personally came before me this day and acknowledged that he is the Managing Member of McKee Homes, LLC, and that by authority duly given and as the act of each corporation, he signed the forgoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal this day of April 30, 2014

My Commission Expires: 1/30/2015  
*Crystal J. Helmke*  
Crystal J. Helmke, Notary Public

USE BLACK INK ONLY

State of \_\_\_\_\_ - County of \_\_\_\_\_

I, the undersigned Notary Public of the County and State aforesaid, certify that \_\_\_\_\_  
Witness my hand and Notarial stamp or seal this \_\_\_\_\_ day of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public

The foregoing Certificate(s) of \_\_\_\_\_ is/are certified to be correct.  
This instrument and this certificate are duly registered at the date and time and the Book and Page shown on the first page hereof.

Register of Deeds for \_\_\_\_\_ COUNTY

Print this page



**Property Description:**

LT#48 OAKMONT SD PH1 S3 0.65AC  
MAP#2013-346

**Harnett County  
GIS**

**PID:** 03050701 0046 03

**PIN:** 0507-21-7075.000

**REID:** 0081189

**Subdivision:**

**Taxable Acreage:** 1.000 LT ac

**Caclulated Acreage:** 0.67 ac

**Account Number:** 1500011985

**Owners:** MEYERS BRADLEY KENT & MEYERS LISA CORNWALL

**Owner Address :** 423 BISON LN LILLINGTON, NC 27546

**Property Address:** 423 BISON LN LILLINGTON, NC 27546

**City, State, Zip:** LILLINGTON, NC, 27546

**Building Count:** 1

**Township Code:** 03

**Fire Tax District:** Benhaven

**Parcel Building Value:** \$255220

**Parcel Outbuilding Value :** \$11340

**Parcel Land Value :** \$40000

**Parcel Special Land Value :** \$0

**Total Value :** \$306560

**Parcel Deferred Value :** \$0

**Total Assessed Value :** \$306560

**Neighborhood:** 00324

**Actual Year Built:** 2014

**TotalAcutalAreaHeated:** 3635 Sq/Ft

**Sale Month and Year:** 5 / 2014

**Sale Price:** \$294000

**Deed Book & Page:** 3211-0519

**Deed Date:** 1398902400000

**Plat Book & Page:** 2013-346

**Instrument Type:** WD

**Vacant or Improved:**

**QualifiedCode:** Q

**Transfer or Split:** T

**Within 1mi of Agriculture District:** Yes

**Prior Building Value:** \$259410

**Prior Outbuilding Value :** \$0

**Prior Land Value :** \$25000

**Prior Special Land Value :** \$0

**Prior Deferred Value :** \$0

**Prior Assessed Value :** \$284410



Generating Map...



