

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

NAME SAMUEL LOFTON EMAIL ADDRESS: GraceMercyPlaceOutlook.com
 PHONE NUMBER 910-709-8099

PHYSICAL ADDRESS 110 COTTONADE CIRCLE

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME SAMUEL LOFTON
WOODSHIRE

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

Type of Dwelling: Modular Mobile Home Stick built Other Single Home

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: 210 to lapill Block road to down to woodshire
Subdivision across from anderson creek to turn into woodshire turn right
into woodshire, then left on the first left and the first right then up to
or to cottonade circle

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.

Samuel Lofton
 Signature

4 sept 20
 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

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 3 # adults _____ # children 3 # 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? 9-19-2019 How often do you have it pumped? 2 yrs.

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?

the water is coming out of the septic tank like its overflowing as if the tank is full

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 when washing clothes, and heavy rains.

HTE # 05-500 11088 RR

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17864

OPERATIONS PERMIT

Name: (owner) H/H Construction New Installation Septic Tank Repair

Property Location: SR# 1117 Nitrification Line Expansion
Subdivision Woodbine Lot # 61 Tax ID # _____ Quadrant # _____

Contractor: O. Strickland Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

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

Type of system: Conventional Other 25% Reduction SYSTEM E-Z-Flow

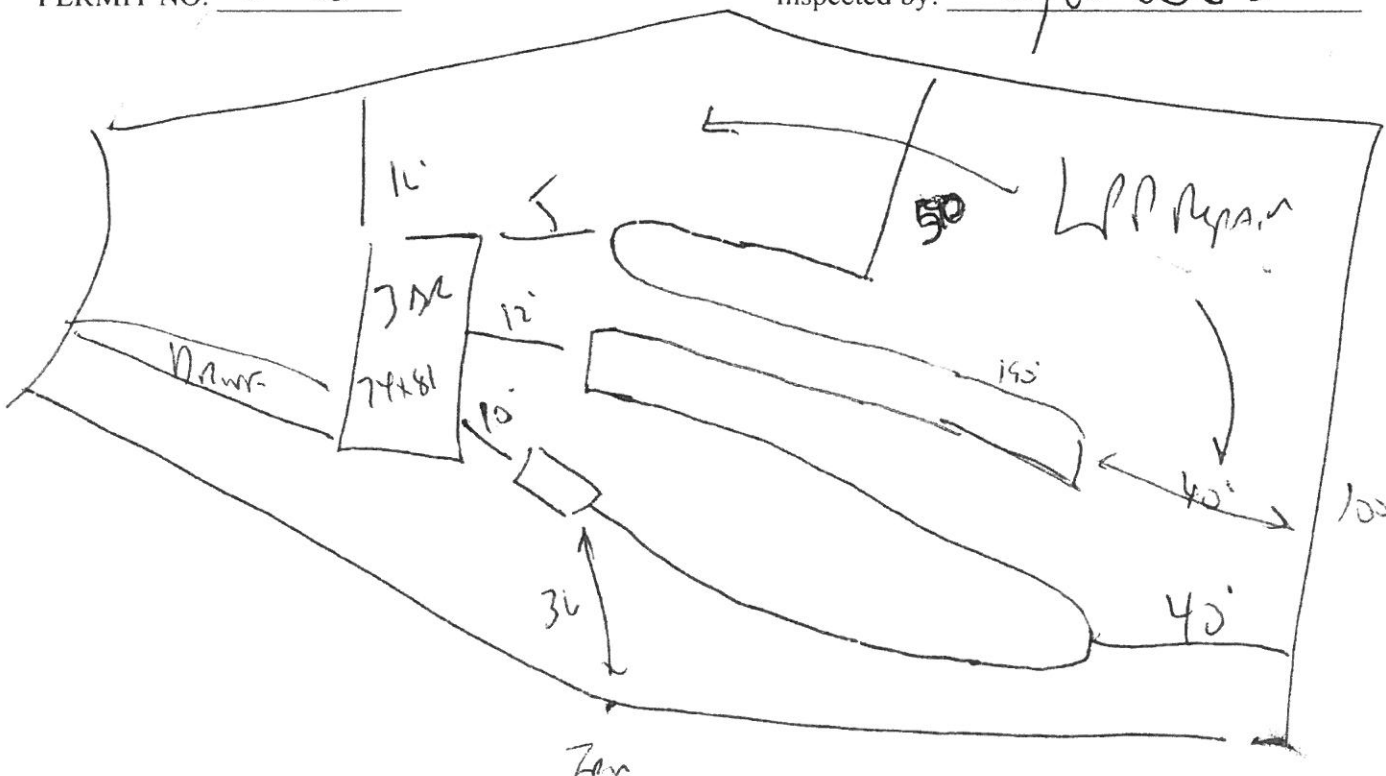
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet E-Z-Flow Date: 8-11-05

PERMIT NO. 22654

Inspected by: Joe W. [Signature]



HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-500 11088 RR

IMPROVEMENT PERMIT 22654

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) HCH Constructors New Installation [X] Septic Tank [X] Repair []
Property Location: SR# 1117 Nitrification Line [X] Expansion []
Subdivision Woodshire Lot # 61
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 (74x81) Lot Size: .49

Basement with Plumbing: [X] Garage: []
Water Supply: [] Well [X] 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 [X] Other 25% Reduction SYSTEM

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

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 MAX in.
of 25% Reduction system

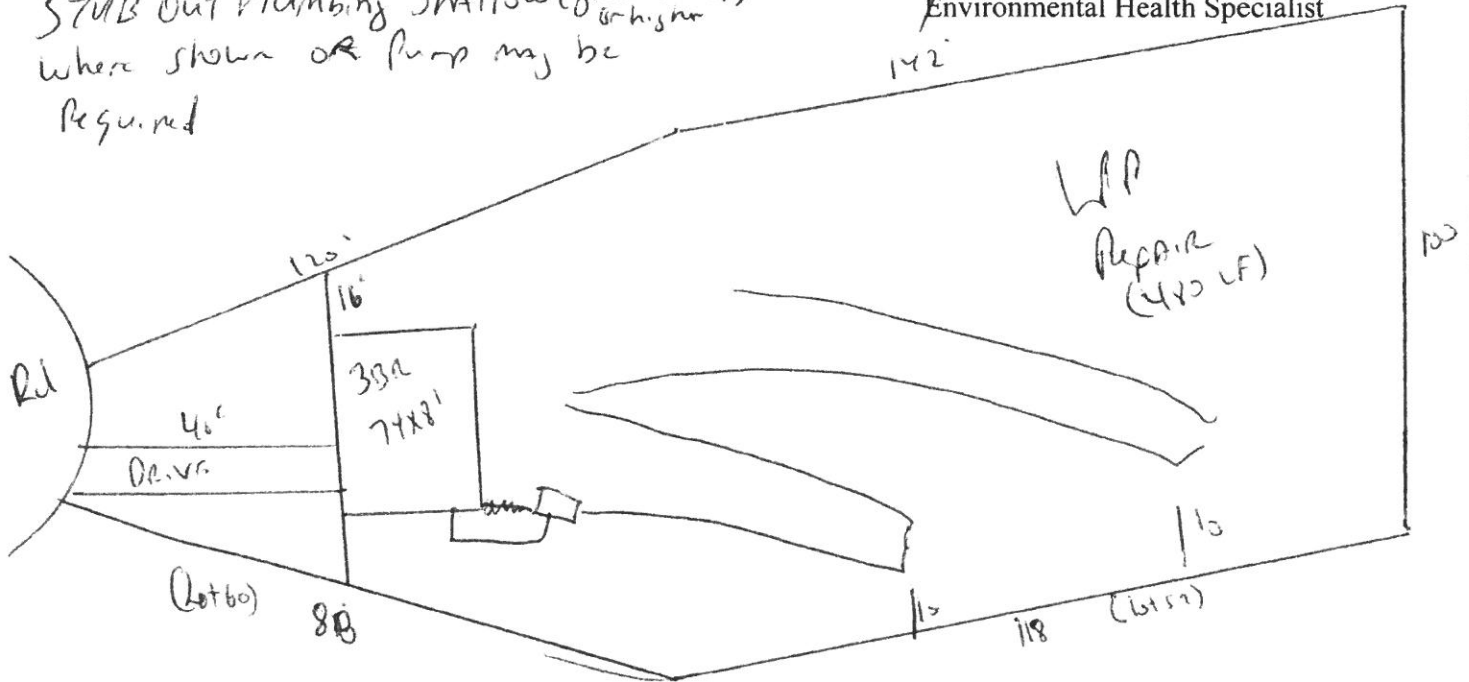
French Drain Required: Linear feet

Date: 5-09-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Meet onsite for Final layout
STAB out Plumbing shallows (ground level)
where shown OR Pump may be
Required

Signed: [Signature]
Environmental Health Specialist



HARNETT REGIONAL WATER
Customer/Location Consumption History Inquiry

Customer ID: 101659 Name: LOFTON JR, SAMUEL
Location ID: 82712 Addr: 110 COTTONADE CIR
Cycle/Route: 04 67
Initiation date : 10/04/05
Termination date: 0/00/00

Amount due: \$01
Pending : \$.00
Customer status: A Customer/Location status: A

Type options, press Enter.

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

Opt	Code	Type	Reading Date	Actual Consumption	Actual Demand	Days	Meter Number	Est CD	Cmnt CD
-	WA	REG	5/02/20	3740.00	.00	26	20470045	N	N
-	WA	REG	4/06/20	3900.00	.00	32	20470045	N	N
-	WA	REG	3/05/20	2470.00	.00	22	20470045	N	N
-	WA	REG	2/12/20	3560.00	.00	30	20470045	N	N
-	WA	REG	1/13/20	3800.00	.00	34	20470045	N	N
-	WA	REG	12/10/19	3650.00	.00	34	20470045	N	N
-	WA	REG	11/06/19	2960.00	.00	28	20470045	N	N
-	WA	REG	10/09/19	5040.00	.00	29	20470045	N	N +

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



HARNETT COUNTY TAX ID#
01-0534-01-0028-72

10-5-05 BY SKB

FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY S. HARGROVE
 HARNETT COUNTY, NC
 2005 OCT 06 01:21:16 PM
 BK: 2140 PG: 790-792 FEE: \$17.00
 NC REV STAMP: \$348.00
 INSTRUMENT # 2005017983

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 348.00
 Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____, 20____
 By: _____

Mail/Box to: THE BARFIELD LAW FIRM, 2929 Breezewood Avenue, Ste 200, Fayetteville, NC 28303

This instrument was prepared by: THE BARFIELD LAW FIRM, 2929 Breezewood Avenue, Ste 200, Fayetteville, NC 28303

Brief description for the Index: _____

THIS DEED made this 30th day of September, 2005, by and between

GRANTOR	GRANTEE
H & H CONSTRUCTORS INC 2919 BREEZEWOOD AVE STE. 400 FAYETTEVILLE, NC 28303	SAMUEL LOFTON JR. 110 COTTONADE CIRCLE LILLINGTON, NC 27546

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 the City of LILLINGTON, ANDERSON CREEK Township, HARNETT County, North Carolina and more particularly described as follows:
 BEING ALL OF LOT 61 IN A SUBDIVISION KNOWN AS WOODSHIRE PHASE THREE ACCORDING TO A PLAT ENTITLED "LOT RECOMBINATION SURVEY - LOTS 61 & 62 WOODSHIRE SUBDIVISION, THASE THREE" THE SAME BEING DULY RECORDED IN MAP 2005-289, AHRNETT COUNTY REGISTRY.

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

A map showing the above described property is recorded in Plat Book _____ page _____.

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: Ad valorem taxes. Restrictions and easements of record.

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

H & H CONSTRUCTORS INC (SEAL)
By: [Signature] (SEAL)
Title: President
By: (SEAL)
Title:
By: (SEAL)
Title:

State of North Carolina - County of
I, the undersigned Notary Public of the County 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:
Notary Public

State of North Carolina - County of Cumberland
I, the undersigned Notary Public of the County and State aforesaid, certify that D. RALPH HUFF
personally came before me this day and acknowledged that he is the President of
H & H CONSTRUCTORS INC, a North Carolina or
limited liability company/general partnership/limited partnership (strike through the inapplicable), and
that he is 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 30 day of September, 2005.

My Commission Expires: 10
Notary Public

State of North Carolina - 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 , 20.

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 in the Book and Page shown
on the first page hereof.

Register of Deeds for County
By: Deputy/Assistant - Register of Deeds