### 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: COWODUNGO 1890 Yal  |
|---|--|
| NAME Mary Elaine Maynard  PHYSICAL ADDRESS 416 Jernigan Rd  | PHONE NUMBER 910-514-0558  |
| PHYSICAL ADDRESS 416 Jernigan Rd  | Dunn NC 28334  |
| MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) 431   | Lane Rd Dunn NC 28334  |
| 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 3 [] Basement  |  |
| Garage: Yes [] No N Dishwasher: Yes N N   | No [] Garbage Disposal: Yes [] No (1)  |
| Water Supply: [] Private Well [] Community System   | m ETCounty   |
| Directions from Lillington to your site:  |  |
| 421 into Dunn   | n Ellis Aue Left on  |
| Ternigan Rd   |  |
| 200   |  |
| <ol> <li>The outlet end of the tank and the distribution box will ne</li> </ol>   | erty" must be attached to this application. Please inform us of any eed to be uncovered and property lines flagged. After the tank is marked, and the orange sign has been placed, you will need to call evaluation. |
| ,   |  |
| By signing below, I certify that all of the above information is corr<br>the denial of the permit. The permit is subject to revocation if the | ect to the best of my knowledge. False information will result in site plan, intended use, or ownership changes.   |
| M. Claire Maynard   | 9/23/2020  |
| Signature /   | 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 HNO  |         |
|--|---------|
| 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)  |         |
| Installer of system \rangle \rangle  |         |
| Septic Tank Pumper   |         |
| Designer of System   |         |
|  |         |
| 1. Number of people who live in house? $2 \# adults \# children 3 \# to$   | stal.   |
| 2. What is your average estimated daily water usage?gallons/month or daycoun   | tu      |
| water. If HCPU please give the name the bill is listed in Elaine Banks   | <u></u> |
| 3. If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly  |         |
| 4. When was the septic tank last pumped? <u>NA</u> How often do you have it pumped? <u>NA</u>  |         |
| 5. If you have a dishwasher, how often do you use it? [ ] daily [ ] every other day  | ekly    |
| 6. If you have a washing machine, how often do you use it? [ ] daily [ ] every other day [ ] weekly [ ] month  | nly     |
| 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?   |         |
| 23. 23 you put household decuming chemicals down the drain: [ ] 123 [A NO II 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, gut  | ttor    |
| drains, basement foundation drains, landscaping, etc? If yes, please list  | .ter    |
| 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  | +hic    |
| first noticed?   | LIIIS   |
| moving buyet inspection have made tank that  |         |
| moving buyer inspection home made tank that is detesiating.  |         |
| 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   | 1       |
| The first was the same and sam |         |
|  |         |

# Grade A Septic Inspectors LLC

4066 NC Highway 55 E Dunn, NC, 28334

Dear Mrs. Bruns,

September 21, 2020

At your request, an inspection was done of the septic system at 416 Jernigan Rd. Dunn, NC 28334, on September 21, 2020.

The septic tank is located 16 inches from the back of the house (facing the front of the house) and sits 12 inches below ground level. The outlet end of the septic tank was uncovered. Upon opening the tank the top part of the wall, where the sanitary tee sits, collapsed into the tank along with the sanitary tee. The sanitary tee was a terracotta tee. The septic tank is an old homemade tank made of brick, block, and mortar and is badly deteriorated. Due to safety purposes the tank was not covered. Harnett County Environmental should be notified.

The line leaving the septic tank is your drain line (aka field line, leach line, effluent line, nitrification line, etc.) which runs out into the drain field. The drain line is terracotta and is approximately 70 feet long.

Sincerely,

Julian Stanbro Certification #: 58431

(919)586-1785

#### G.A.S.I

### Grade A Septic Inspectors On-site Wastewater Inspection

| Pre- Inspection Contract, signed by Client is attached to Inspection  |   |
|---|---|
| Property Address 416 Jesnigan Rel  Dunn City Client Name: Angela Bruns  NC 28334 St Zip   |   |
| Street  |   |
| 100 28334<br>City   | _ |
| Client Name: Angela Brons   |   |
| Current owner of Record   |   |
| Date of Inspection: 9/21/2020   |   |
| Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative                  |   |
| 3 Gallons per day for designed system size or number of bedrooms as stated in available local health department information                 |   |
| Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit |   |
| Copy of Operations permit from County Environmental Health Attached   |   |
| Operations permit not available   |   |
| System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44  Current Operator's Name             |   |
| Most recent performance, operation and maintenance reports are attached not available   |   |
| Type of water supply Well Public Water Community Water Spring   |   |
| Location of Septic Tank and septic tank details:  |   |
| 1 from house or structure   |   |
| 6 ft from well if applicable  |   |
| ft from water line if applicable and readily visible  ft. from property line if said property lines are known                               |   |
| distance from finished grade to top of tank or access riser   |   |
| Access riser(s) yes × no Describe   |   |
| Tes Tank lids intact   yes   no   |   |
| Tes Tank has baffle wall   Xyes no Describe condition of baffle wall: nome med  |   |
| Inflow to tank is noted as sufficient   |   |
| inflow to tank is noted as insufficient or blocked  |   |
| Water level in tank is relative to tank outlet  |   |
| Outlet T is present   yes   no Describe condition of Outlet T:  |   |
| Outlet has filter yes \( \) no Describe condition of filter:  |   |
| 1) o Effluent leaves the outlet yes \int no   |   |
| Roots present in tank yes no Describe extent of roots:  |   |
| - III CARAGO DESCIDE.   |   |
| Evidence of non-permitted connections, such as downspouts or sump pumps   |   |
| N/ A Connection present from house to tank  |   |
| Connection present from tank to next component    D /   Percentage of solids in tank  |   |
| Unable to locate tank. System inspection cannot be completed until tank is located  |   |
| Date tank was last pumped unknown   |   |
| Client requesting this inspection has been advised that for a complete inspection to be   |   |
| performed the tank needs to be pumped. Client has declined to have the tank pumped at   |   |
| inspection and hereby acknowledges they have so declined.   |   |
| Client Signature  |   |
| Date  |   |

| Does system have pump tank? yes (complete blanks below)   |
|---|
| ft from house or structure  |
| ft from well or spring if applicable  |
| — ft from water line if applicable  |
| ft. from property line if property lines are known  |
| — ft from septic tank   |
| Distance from finished grade to top of tank or access riser   |
| Access risers in place ves no   |
| Describe type of access risers:   |
| Describe condition of tank lids   |
| LOCAHON OF COMPAL Danel:  |
| Condition of control panel:   |
| Audible and visible alarms (as applicable) work   |
| Pump turns on and effluent is delivered to payt company at  |
| Unable to operate pump due to lack of electricity at site at  |
| time of inspection  |
| Distribution Box: Is there a distribution box?   yes   no If no, Describe   |
| Root present in the distribution box? yes no Describe extent of roots   |
| ls d-box structurally countd have been been been been been been been be   |
| Is d-box structurally sound yes no Describe condition   |
| is D-box equally distributing   yes   no Describe   |
| Is D-box equally distributing ves no Describe  Dispersal field: Type of system: Conventional Accepted Innovative Experimental Controlled                              |
| Demonstration   Pretreatment; Type of Pretreatment  |
| Brief Description of System Type  |
| ft. from property line if property lines are known  |
| ft from septic/pump tank  |
| 1 # of lines  |
| 2074 length of lines  |
| Evidence of past or current surfacing at time of inspection   |
| Briefly describe:   |
| No Evidence of traffic over the dispersal field   |
| Vegetation, grading and drainage noted that may affect the condition of the system or system  |
| components  |
| Effluent is reaching the dispersal field  |
|   |
| Conditions present that prevented or hindered the inspection  |
|   |
| Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the  |
| local health department. Description of adverse condition: Old local health department.   |
| detteriorsted walls status to cally as  |
| Consequences of the adverse condition: (a) (a) (a) (a)  |
| local health department. Description of adverse condition: Old home made tank body consequences of the adverse condition: Walls Starting to college and lies tall in. |
| Client should contact Heart County Environmental Health and/or a certified on-site wastewater contractor  |
|   |
| Inspector Name: Julian Stanbro Certification # 58437  |
| Address Weld NC Hash SS E Duan INC 70221  |
| 1 20 11 100 05 554  |
| Address 4014 NC Hosy SS & Dunn NC 78334  Phone (910) 729-9004   |
|   |
| 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  |
| or system facts in place on date or inspection.   |
| Inspector Signature: Sulcon Stante Date 9/21/2020   |
| mapletor signature: 1 Miller Date 1/21/6010   |
|   |

•

| 102.1527.0077 | 1/ |
|---------------|----|
| 1-3:11 DV SR. | -  |

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2018 JAN 03 02:36:23 PM
BK:3570 PG:483-486
FEE:\$26.00
EXCISE TAX: \$164.00
INSTRUMENT # 2018000114
THESTER



## NORTH CAROLINA GENERAL WARRANTY DEED

| Excise Tax: \$164.00   |  |  |                                     |                      |
|--|--|--|-------------------------------------|----------------------|
| Parcel Identifier No. <u>0215270077</u><br>By:   | Verified by                                      | County on the  | day of                              | , 20                 |
| Mail/Box to: McLeod Law Firm, 209 S.   | Wilson Avenue, Dunn,                             | NC 28334   |                                     |                      |
| This instrument was prepared by: McLeo   | d Law Firm, 209 S. Wil                           | son Avenue, Dunn, NC 2833  | 34                                  |                      |
| Brief description for the Index:   |  |  |                                     |                      |
| THIS DEED made this 26 day o   | De cember  | , 20 <u>1 7,</u> by  | and between                         |                      |
| GRANTOR Evelyn Carole Webb Strickland, unmarrie Webb and wife, Virginia Webb; and Danr widower; and Billy Ray McLamb, Sr. and McLamb 2006 Hobson Road Dunn, NC 28334 | y Wayne Webb                                     | GRA<br>Mary Elaine Banks<br>56 Wood Fair Lane<br>Salemburg, NC 28385                   | NTEE                                |                      |
| Enter in appropriate block for each Grante corporation or partnership.   | or and Grantee: name, m                          | I<br>nailing address, and, if approp   | riate, character of enti            | ty, e.g.             |
| The designation Grantor and Grantee as us plural, masculine, feminine or neuter as re  | ed herein shall include sa<br>quired by context. | id parties, their heirs, successor   | rs, and assigns, and sha            | ll include singular, |
| WITNESSETH, that the Grantor, for a value these presents does grant, bargain, sell and situated in the City of   | d convey unto the Grantee                        | by the Grantee, the receipt of we in fee simple, all that certain Averasboro Township, | lot, parcel of land or o            | condominium unit     |
| See Attached Exhibit A   |  |  |                                     |                      |
| The property hereinabove described was a All or a portion of the property herein con   | cquired by Grantor by in veyed includes or X     | strument recorded in Book<br>does not include the primar                               | 2240 page<br>ry residence of a Gran | 938                  |
| A map showing the above described prope  | erty is recorded in Plat Bo                      | ook page   | ·                                   |                      |
|  | Page   | 1 of 2   |                                     |                      |

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

#### B3570 - P484

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:

| IN WITNESS WHEREOF, the Grantor has duly exe          | cuted the foregoing as of the day and year first above written.  |
|---|--|
|   | Gudin Carolifish Strillar (SEAL)   |
| (Entity Name)   | Print/Type Name: Evelyn Carole Webb Strickland.  |
| By:   | Tan olds Will (SEAL)   |
| Print/Type Name & Title:                              |  |
| By-   | Dunne (SEAL)   |
| By:Print/Type Name & Title:                           | Print/Type Name: Virginia Webb;  |
| Rv  | Danny Wayne Wold (SEAL)  |
| By:   | Print/Type Name: Danny Wayne Webb  |
| State of North Carolina - County or Ci                | ry of New Hamover County   |
| I, the undersigned Notary Public of the Cou           | nty or City of New Hower County and State aforesaid, certify that  SE 10 personally appeared before me this day and acknowledged the due the county and and Notarial stamp or seal this 2 day of   |
| Evelyn Carole Webb Strickland, unmarried:             | The sonally appeared before me this day and acknowledged the due   |
| execution of the foregoing instrument for the purpose | the customers witness my hand and Notarial stamp or seal this 20 day of  |
| December, 20/7  | ACO OTA CARO   |
|   | S HO INPLANT   |
| 1.27-18   | Along C 2 Jesse Jlones Notary Public   |
| My Commission Expires: 1-2 1-10                       | ZI DURING ZE Tasse Troias Notary Public  |
| My Commission Expires: 1-27-18 (Affix Seal)           | Notary Public Notary Public Notary Printed or Typed Name  Notary Printed or Typed Name  Notary Public Notary Notary Notary Public Notary Notary Notary Notary Public Notary Notary Notary Notary Notary Notary Notary Notary Public Notary Notar |
| State of N/C County or Ci                             | HOPMER COMMITTUNELL  |
| I, the undersigned Notary Public of the Cou           | nty or City of Harnett and State aforesaid, certify that   |
| Gary Dobbs Webb and wife, Virginia                    | Webb; and * personally appeared before me this day and acknowledged the due  |
| execution of the foregoing instrument for the purpose | es thereig expressed. Witness my hand and Notarial stamp or seal this 3 day of   |
| January 20/8  |  |
| 7   | Danny Wayne Webb   |
|   | Latricia L. Stacker  |
| My Commission Expires: 12 04 200                      | Tatricia ( Schulewotary Public   |
| (Affix Seal)  | Notary's Printed or Typed Name   |
|   |  |
| State of County or Ci                                 | Elec CV  |
| I, the undersigned Notary Public of the Cou           | nity or City of and State aforesaid, certify that  |
| i, are undersigned Nowly I done of the Cod            | personally came before me this day and acknowledged that   |
|   |  |
|   | d liability company/general partnership/limited partnership (strike through the  |
|   | s the act of such entity,he signed the foregoing instrument in its name on its   |
| mappineasies, and mat by authority duty given and as  | s the det of such entity,ne signed the foregoing insulation in its name of its   |
| behalf as its act and deed. Witness my hand and Not   | rarial stamp or seal, this day of, 20  |
| May Commission Empiress                               | Notary Public  |
| My Commission Expires:                                | Notary's Printed or Typed Name   |
| (Affix Seal)  | Notary 5 Finded of Typed Pane  |

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:

| IN WITNESS WHEREOF, the Grantor h         | nas duly executed the foregoin  | ng as of the day and year first above written.   |
|---|---------------------------------|--|
|   |                                 |  |
| (Entity Name)                             |                                 | Belly Ray Myland Sn. (SEAL) Print/Type Name: Billy Ray Mclamb, Sr.   |
| By:                                       |                                 |  |
| Print/Type Name & Title:                  |                                 | Morgaret McLamb (SEAL) Print/Type Name: Margaret McLamb  |
| Bv:                                       |                                 | (SEAL)   |
| By:Print/Type Name & Title:               |                                 | Print/Type Name:   |
| Bv:                                       |                                 | (SEAL)   |
| By:Print/Type Name & Title:               |                                 | Print/Type Name:   |
| State of North Carolina - C               | County or City of               | ett  |
| I, the undersigned Notary Public          | c of the County or City of      | and State aforesaid, certify that  |
| Billy Ray McLamb, Sr. and wife, Marg      | garet McLamb                    | personally appeared before me this day and acknowledged the due  |
| execution of the foregoing instrument for | the purposes therein expresse   | ed. Witness my hand and Notarial stamp or seal this _3 _ day of  |
| January, 2018.                            | 25 A LOCA                       | 0 1 1  |
| U G                                       | 1 A                             | tatucias Muli  |
| My Commission Expires: 12-04              | DE DE PULLARY                   | Fatneig L. Schaefe Notary Public   |
| (Affix Seal)                              |                                 | Notary's Printed or Typed Name   |
|   | 2020 Anatio                     | G/ Hotaly STIMICS of Types Hame  |
| State of C                                | County or City 8                | 4  |
| I, the undersigned Notary Public          | c of the County or Chylor       | and State aforesaid, certify that  |
|   |                                 | personally appeared before me this day and acknowledged the due  |
|   | the purposes therein expresse   | ed. Witness my hand and Notarial stamp or seal this day of   |
| , 20                                      |                                 |  |
|   |                                 |  |
|   |                                 | Notary Public  |
| My Commission Expires:                    |                                 | Notary's Printed or Typed Name   |
| (Affix Seal)                              |                                 | property according to proceed and the second |
| State of C                                | County or City of               | and State aforesaid, certify that  |
| I, the undersigned Notary Public          | c of the County or City of      | and State aforesaid, certify that  |
|   |                                 | personally came before me this day and acknowledged that   |
| _he is the                                |                                 | , a North Carolina or  |
| corpor                                    | ration/limited liability compar | ny/general partnership/limited partnership (strike through the   |
| inapplicable), and that by authority duly | given and as the act of such ei | ntity, _he signed the foregoing instrument in its name on its  |
| behalf as its act and deed. Witness my ha | and and Notarial stamp or sea   | al, this day of, 20  |
| My Commission Expires:                    |                                 | Notary Public  |
| (Affix Seal)                              |                                 | Notary's Printed or Typed Name   |

# SCHEDULE A for MARY ELAINE BANKS

#### Averasboro Township, Harnett County:

BEGINNING at a stake in the edge of the old Dunn-Benson Road, a corner of a lot sold to John L West and runs thence with the East edge of said road North 35 deg 30 min East 98 feet to a stake, thence South 66 deg East 376.67 feet to a stake, thence South 41 deg 20 min West 102.4 feet to an iron stake, a corner of John L. West lot, thence along the dividing line between John L West lot and this lot North 66 deg West 366.34 feet to the BEGINNING and being a part of a 3 ½ acre tract described in deed from G H Altman and wife, Velma Lee Altman to Dick McLamb and wife, Georgia Creech McLamb, dated September 15, 1947, and recorded in the Office of the Register of Deeds of Harnett County, NC, in Book 307, Page 507. This also being the identical tract or lot of land described in deed of P. G. Altman and wife, Bessie I. Altman, to Ruby B. Frix, dated April 29, 1948, and recorded in the office of the Register of Deeds of Harnett County, NC, in Book 310, Pager 492. This is also the same lot described in that deed of Ruby B. Frix, unmarried, to Offie H Best and wife, Ruby Sasser Best dated June 22, 1948, and recorded in the Registry of Harnett County in Book 305, Page 602.

Parcel ID: 0215270077

Address: 416 Jernigan Road, Dunn, NC 28334

