## 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**

		-	
TAMES	Garalas	EMAIL ADDRESS:	mesgaydos exman.
NAME	04990	PHONE NUMBERO	853 9012
	ANTIQUE CT,		
MAILING ADDRESS (IF DIFFFE	RENT THAN PHYSICAL)		
IF RENTING, LEASING, ETC., L	IST PROPERTY OWNER NAME		
CAROLINA SE	ASONS		1/2 AC
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modu	lar [] Mobile Home	Stick built [] Other	
Number of bedrooms $3$	[ ] Basement		
Garage: Yes No[]	Dishwasher: Yes [] I	No [ ]	Garbage Disposal: Yes [] No
Water Supply: [] Private W	ell Community System	m [] County	
Directions from Lillington to	your site: ONCE YOU	get to CARO	LINA SEASONS
YOU TAKE A	Right to GRE	EEN LINKS, GO	About 2 Blocks the Curnor Lot.
ANTIQUE CT	15 ON Left. 1	My HOUSE IS	the Curnor Lot.
		/	
In order for Environmental	Health to help you with your re	pair, you will need to comply	by completing the following:
<ol> <li>A <u>"surveyed and reco</u></li> </ol>	orded map" and "deed to your prop	perty" must be attached to this a	application. Please inform us of any
	by showing on your survey map.		
2. The outlet end of the	tank and the distribution box will n	eed to be uncovered and prope	rty lines flagged. After the tank is
uncovered, property	lines flagged, underground utilities of confirm that your site is ready for	marked, and the orange sign has	s been placed, you will need to <b>call</b>
43 at 310-033-7347 (	s commin 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.

10/9/2020

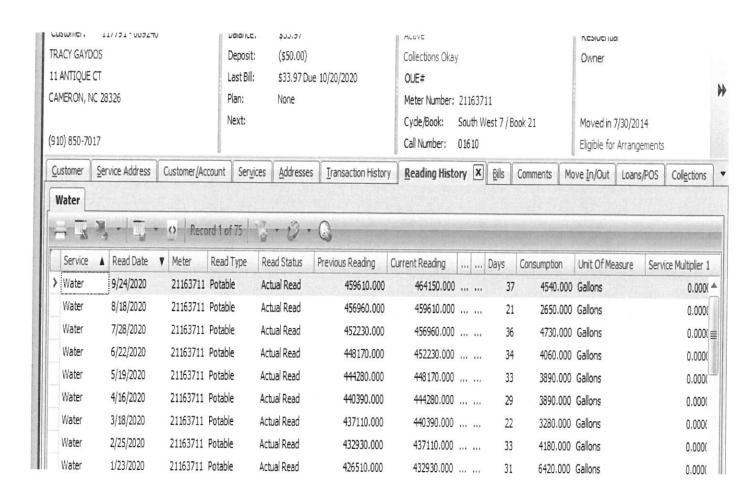
### **HOMEOWNER INTERVIEW FORM**

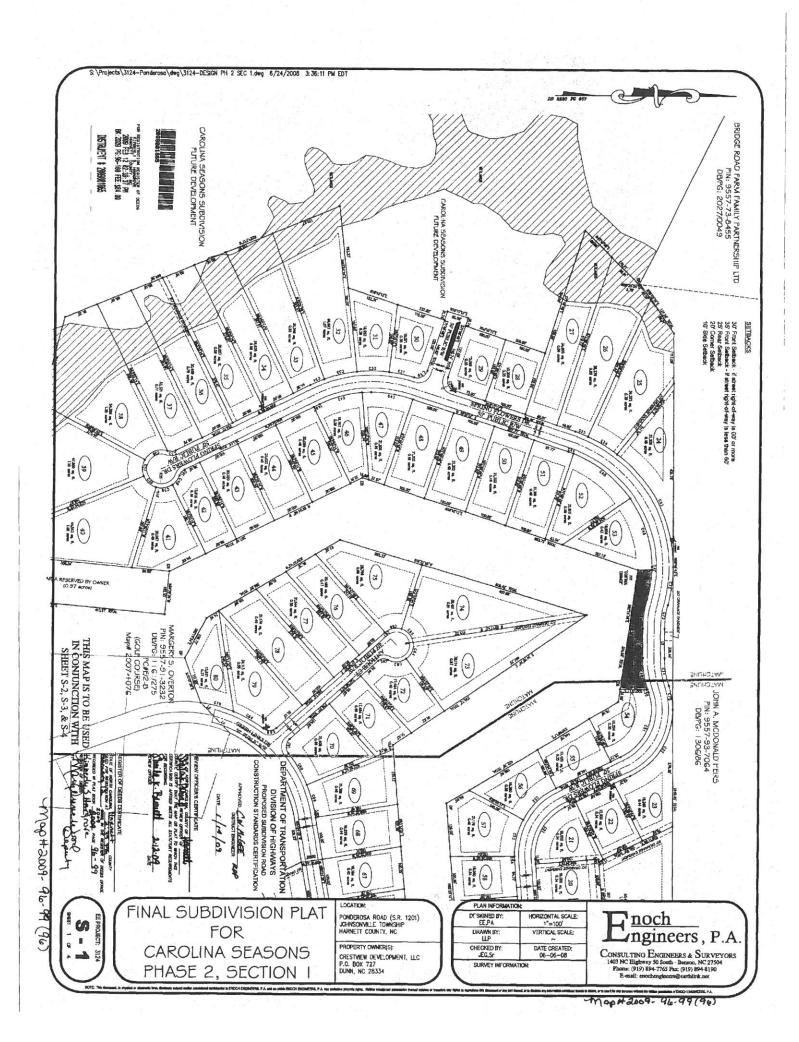
It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

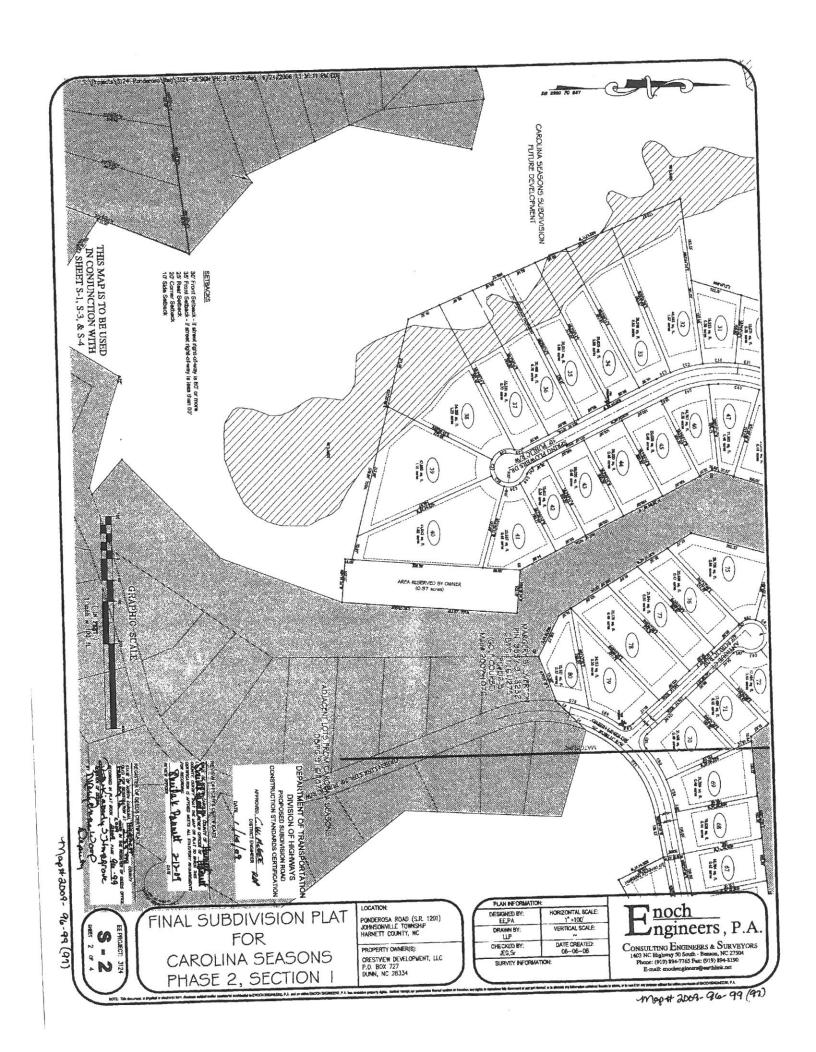
lave you received a violation letter for a failing system from our office? [] YES Y NO
lave you received a violation letter for a failing system from our office? []YES   NO  Ilso, within the last 5 years have you completed an application for repair for this site? []YES   NO
ear home was built (or year of septic tank installation)
nstaller of system WN KNOWN
eptic Tank Pumper <u>UN KNOW N</u>
esigner of System
1. Number of people who live in house? $3 \# adults \# fill \# fill$
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 TRACY MALEZ -GAYLOS
3. If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly
4. When was the septic tank last pumped? <u>6 marks</u> How often do you have it pumped?
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 [X] 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 [ \ YNO
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 NONE
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 naticad?
White WATER IS NOT GOING CONTCHY to Thru PIPES
WATER IS COMING UP TOP SEPTIC THAK
White WATER IS NOT GOING Correctly to thru PIPes WATER IS COMING UP TOP SEPTIC TANK  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

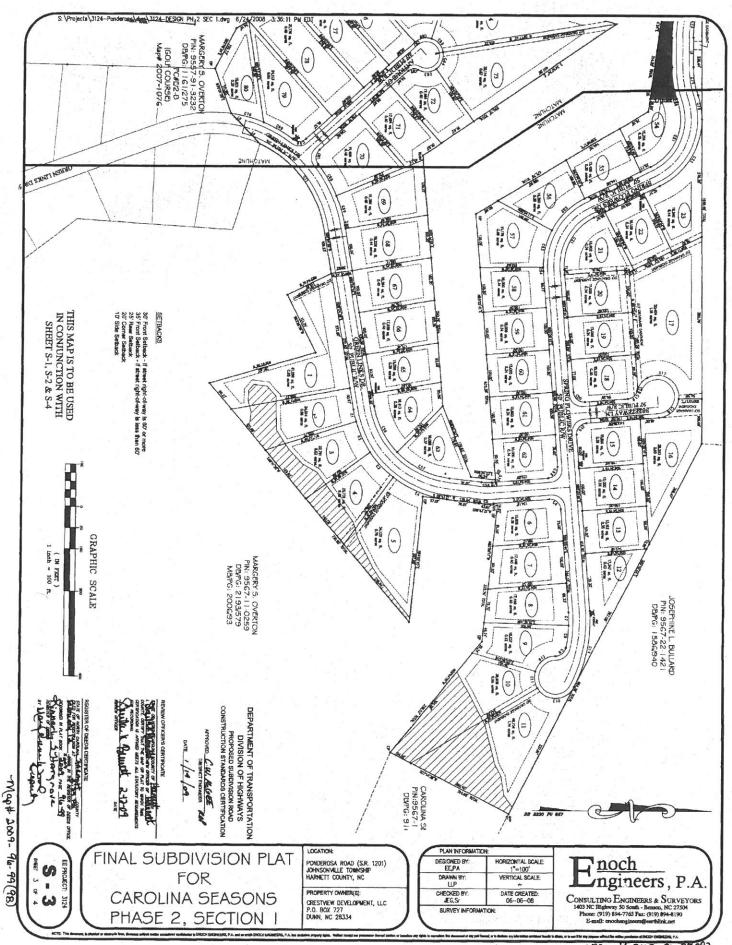
Performance: System shall perform in accordance with Rule .1961.   Monitoring: As required by Rule .1961. Other:	HTE# 11-5-2	Harnett County Department of Public Health	
New Installation   Septic Tank   Nitrification Line   Repair   Expansion	PERMIT # 266	Operation Permit 22716	
Mame: (wwwer)		New Installation Septic Tank Nitrification Line Repair Exp	ansion
Mame: (wwwer)		PROPERTY LOCATION: YONDEROSA &	
Basement with plumbing: Garage Number of Redrooms    Type of Water Supply: Gamemonity   Proble   Well   Distance from well   Types   Vand VI Systems expire in 5 year.		CUMBERLAND HOMES SUBDIVISION CAROLINA SEASORS LOT # 75	
Type of Water Supply: Community Poblic Well Distance from well 100 feet  Types V and VI Systems expire in 5 years.  Owner must contact Rieabl Department 6 menths prior to expiration for permit renewal.  This system has been intalled in compliance with applicable Ricrib Carolina General Statutes, halrs for Swage Treatment and Dispasal, and all conditions of the Improvement Frontic and Construction Authorizations.  PERMIT CONDITIONS:  I. Performance:  I. Performance:  I. Performance:  I. W. Operation:  Vistem shall perform in accordance with Rule 1961.  II. Monitoring:  As required by Rule 1961.  If ye, see attached sheet for additional operation conditions, maintenance and reporting.  V. Operation:  Other:  Other:  Other:  Other:  Other:  Other:  Other Others Supplied States of the sewage disposal system on the above captioged property.  Septic Tank: 100 gallons Pump Tank:  gallons distribus of feet diffichs of feet in directly a light of the state of the sewage disposal system on the above captioged property.  Septic Tank: 100 gallons Pump Tank:  gallons feet diffichs VP-11 inches			
System Type:		0	
Owner must contact Health Department 6 months prior to expiration for permit renewal.  This system has been intalled in compliance with applicable North Carolina General Statutes, Natice for Swage Treatment and Diagnost, and all conditions of the Improvement Permit and Contraction Amboritation.  PERMIT CONDITIONS:  I. Performance:  II. Monitoring:  As required by Nate. 1961. Other:  III. Maintenance:  As required by Nate. 1961. Other:  If yes, see attached sheet for additional operation conditions, maintenance and reporting.  If yes, see attached sheet for additional operation conditions, maintenance and reporting.  PWR Lines  Other:  D-Box  Pump  Maintenance:  Other:  D-Box  System shall perform in accordance with Rule 1961.  As required by Nate. 1961. Other:  State of the Improvement Permit and Contraction Amboritary in the Improvement Permit and Diagnost, Amboritary in the Improvement Permit and Contraction for the Improvement Permit and Diagnost, Amboritary in the Improvement Permit and			
PEAMIT CONDITIONS:    Performance:     Performance:			
PEAMIT CONDITIONS:    Performance:     Performance:	This system has been inst	italied in compliance with applicable North Carolina General Statuter Ruler for Sowage Treatment and Disposed and all conditions of the Language Design Control of the Control of the Language Control of the Control of	
PERMIT CONDITIONS:  I. Performance:  II. Monitoring:  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.  If Other:  D-Box   Pump   Alorm   H20Line   PWR Line    Following are the specifications for the sewage disposal system on the above captioged property.  Type of system:   Conventional   Other   Conventional   Other   Conventional    Other:   Government   Govern	This system has been have	tamed in Computation of the improvement Permit and Construction Authorization.	
Performance: System shall perform in accordance with Rule .1961.		13 I PATIO HOUSE LINES OF LINE	
Monitoring: As required by Rule .1961. Other:   Subsurface system operator required? Yes   Note	PERMIT CONDITIONS:	Sustan shall newform in a sustant wish Bull 10/1	
Maintenance: As required by Rule .1961. Other:    Subsurface system operator required? Yes   Note     If yes, see attached sheet for additional operation conditions, maintenance and reporting.   Other:			
If yes, see attached sheet for additional operation conditions, maintenance and reporting.    Other:	•	As required by Rule .1961. Other:	
Other:   D-Box   Pump   Alarm   H20Line   PWR Line			
D-Box   Pump   Alarm   H20Line   PWR Line	IV. Operation:	if yes, see attached sheet for additional operation conditions, maintenance and reporting.	
D-Box   Pump   Alarm   H20Line   PWR Line	,		
Following are the specifications for the sewage disposal system on the above captioned property.    Septic Tank: 1000 gallons Pump Tank: gallons pump gall	V. Other:		
Type of system:  Conventional Other CHAMBER CONTY Septic Tank: 1000 gallons Pump Tank: gallons subsurface No. of exact length width of depth of Oralinage Field ditches of each ditch 100 feet ditches 3 feet ditches 1804 inches			/R Line
Subsurface No. of exact length width of depth of Oralinage Field ditches of each ditch \20 feet ditches 3 feet ditches \8-24 inches	Type of system:		allan -
Drainage Field ditches of each ditch 120 feet ditches 3 feet ditches 18-24 inches	Subsurface		mons
rench Drain Required: Linear feet	Drainage Field	ditches of each ditch 120 feet ditches 3 feet ditches 18-24 inches	2
	French Drain Required:	Linear feet	

Authorized State Agent\_









map H 2009- 96-49(98)

CALMESTON EXPRESS MACHES 2010.

LEAN K. HIGGS (NOTARY PUBLIC)

HISTORICAMY, MORTH CARGLEM.

SHIK HOROG, A HOLINAY PULSIC OF THE COURTY AND STATE APPORESSOR. TO STREET AND THE PROPERSOR OF THE PROGRAM AND AND AND AND THE PROGRAM OF THE

L, JOB E. GODWAI, SR., PROFESSIONAL LAND SURVEYOR NO. L-2565, CERTIFY TO ONE OR MORE THE FOLLOWING AS INDICATED THUS X OR:

EATT OF HOCH CURMAN, COUNTY OF HANETT

LATE OF THE HANGE OFFICER OF HARNETT COLINTY, CERTEY THAT THE HAY OR

PAIT TO WHICH THIS CERTETICATION IS AFFICED MEETT ALL STATUTORY RECONCERENTE.

REVIEW OFFICER'S CERTIFICATE

THAT THIS PLAT IS OF A SURVEY THAT CREATED A SUBDIVISION OF LIAID WITHIN THAT THIS PLATES OF JUDI SULATES PAREES OF JUDI

on FIRM map Number 3710854800L y is located outside of any 500 year flood

VICINITY MAP

THE DEVELOPER WILL BE RESPONSIBLE FOR MAINTAINING ALL OPEY SPACE AND DRAINAGE EASEMENTS ON PRIVATE PROPERTY.

SURVEYOR'S DECLARATION TO WHOM IT MAY CONCESS

TER OTHERWARE.

TER OTHERWARE

TER O NTS CALCULATED BY COORDWATE METHOD. TS ARE HORIZONTAL GROUND NEASUREMENTS LYLESS

MY COMMISSION EXPIRES: 5-8- 2010

A LANTH

INSERIN CENTRY THAT I ASSUE ALL PRANCILL AND LESCA RESPONSIBILITES PROTEINE AND TOTAL RESPONSIBILITES PROTEINE AND OTHER REQUIRED PROCESSOR LINEAR SECTION IS SUBMISSION LINEAR SECTION IN SUBMISSION LINEAR SECTION IN SUBMISSION LINEAR SECTION IN SUBMISSION LINEAR FACILITIES AND SECTION IN SUBMISSION LINEAR PROPERTY FAULD CENTRES. BEFORE THE PROTEINE PAUL CENTRES.

CERTIFICATE OF IMPROVEMENTS MAINTENANCE

Leah K. Higgs DOWNERS GRIFT THAT DAMY E. NOTH IS SECOND OF THE DATE OF THE DAT

PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS

APPROVED C.W. M. GEE DATE 1/19/09

STATE OF MESTS CHARLES, LAWRING COUNTY
TAD FOR MESTS CHARLES AT THE RESTER OF DEEDS OFFICE
MESCAGED IN PLATE BOOK THE BOOK THE BOOK THE BOOK Wat commy triming EGISTER OF DEEDS CERTIFICATE May the Wood wanty - Harren

٥٥ ماله

Development Reviews Board pursuant to the riguidations sed from by E-91\* Addressing, Environmental Health, Fire Marshal, through and Public Utilities of Harmett County, N.C., Stablett

THIS MAP IS TO BE USED IN CONJUNCTION WITH SHEET S-1, S-2, & S-3

PROPERTY OWNER(S): CRESTVIEW DEVELOPMENT, LLC P.O. BOX 727 DUNN, NC 28334

PLAN INFORMATION HORIZONTAL SCALE: 1"=100" VERTICAL SCALE: DESIGNED BY: CHECKED BY: DATE CREATED: 06-06-08 SURVEY INFORMATION

ingineers, P.A Consulting Engineers & Surveyors 1403 NC Highway 50 South - Bennon, NC 27504 Phone: (919) 894-7165 Fax: (919) 894-8190 E-mail: enochangineers@earthlink.net

TELEPHONE: 910-892-4345 PIN # 9557-81-1024 DEED BOOK 2230, PAGE 657 MAP: #2006-459 ZONED: RA-20R 30' Front Setback - If street right-of-way is 60' or more 30' Front Setback - if street right-of-way is less than 60' 25' R.-ar Setback 20' Cornor Setback 10' Side Setback TOTAL NO. OF LOTS: BO LOTS **DUNN, NC 28335** P.O. BOX 727 LANDUSE: LOW DENSITY RESIDENTAL

WINESS CORNER WORTH CARIOLINA GEODETIC SURVEY

OWNER INFORMATION

SURVEY LEGEND

INSTRUCT CENTRY THAT IALL THE OWNER OF THE PROPERTY BURNM AND DESCRIBED FISHERS WHICH IS CONTROLLED TO MARKET TO ARRY TO WHICH TO CONTROLLED TO THE PROPERTY OF THE PROPERTY O

1338 8-4 EE PROJECT: 3124 R

FINAL SUBDIVISION PLAT FOR CAROLINA SEASONS PHASE 2, SECTION

LOCATION

PONDEROSA ROAD (S.R. 1201) JOHNSONVALLE TOWNSHIP HARNETT COUNTY, NC

DUEUT - 1 000

HARNETT COUNTY TAX ID # 009956702 0006 78

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2014 Jul 31 10:14 AM NC Rev Stamp: \$ 470.00
Book: 3234 Page: 559 Fee: \$ 26.00
Instrument Number: 2014010227

07-31-2014 BY: SB

#### GENERAL WARRANTY DEED

Excise Tax \$470.00

Tax I.D. No.09956702 0006 78

Instrument Prepared By: William H. Collier, WITHOUT TITLE EXAMINATION

Return to: Grantee

THIS DEED is made this 25th day of November, 2013, by and between:

GRANTOR: David L. Bixby and wife, Ann L. Bixby

Address:

c/o Cornerstone Relocation Group, L.L.C.

106 Allen Road

Basking Ridge, NJ 07920

GRANTEE: James Michael Gaydos and wife, Tracy Ann Marez-Gaydos

Address: 11 Antique Court Cameron, NC 28326

(The designation of Grantor and Grantee as used herein shall include said parties, their heirs, successors and assigns, and shall include the singular, plural, masculine, feminine or neuter as required by the context.)

#### WITNESSETH:

THE GRANTOR, for a valuable consideration paid by the Grantee, the sufficiency and 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 Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 79, Carolina Seasons Subdivision, Phase 2, Section 1, as shown on a map recorded in Book of Maps 2009, Page 96, Harnett County Registry, reference to which is hereby made for a more particular description.

The property hereinabove described was acquired by Grantor by instruments recorded in the Harnett County Registry in Book 3047, Page 828.

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.

Submitted electronically by "Hutchens Law Firm" in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

DULUT - I UUU

AND THE GRANTOR covenants with the Grantee that Grantor is seized of said real property in fee simple, has the right to convey the same in fee simple, that the 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, except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

- 1. Restrictions, easements and rights of way of record and utility lines and rights of way in existence over, under, or upon the above-described property.
- current year ad valorem taxes.

If initialed, the property includes the primary residence of at least one of the Grantors. (NC GS § 105-317.2)	)
I	f initialed, the property includes the primary residence of at least one of the Grantors.(NC GS § 105-317.2)

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal the day and year first above written

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal the day and year first above written.
David L. Bixby (SEAL)
Ann L. Bixby (SEAL)
STATE OF NOVTH CAYOLINA
County of Lee
, a Notary Public of the County and State aforesaid, certify that David L. Bixby, Grantor, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.
Witness my hand and official stamp or seal, this 25 day of NOV , 2013.
ROBERTNEIL TORRES NOTARY PUBLIC (Official Seal) HARNETT COUNTY STATE OF NORTH CAROLINA MY COMMISSION EXPIRES 3-3-2015  My Commission Expires: 3-3-15
STATE OF NOTED CAPOLINA
County of Lex
I, Robertnei Torres a Notary Public of the County and State aforesaid, certify that Ann L. Bixby, Grantor, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.
Witness my hand and official stamp or seal, this $\frac{25}{}$ day of $\frac{NOV}{}$ , $\frac{2013}{}$ .
ROBERTNEIL TORRES (Official Seal) NOTARY PUBLIC HARNETT COUNTY STATE OF NORTH CAROLINA MY COMMISSION EXPIRES 3-3-2015  My Commission Expires: 3-3-15