### 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:** tiff4707@gmail.com PHYSICAL ADDRESS 1289 Raven ROCK ROad Lillington nc 27546 MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME TERRY 9 TIFFORM Bryan SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT Type of Dwelling: [] Modular [] Mobile Home X Stick built [] Other\_\_\_\_ Number of bedrooms 3 [] Basement Garage: Yes [] No X Dishwasher: Yes [ No [ ] Garbage Disposal: Yes M No [] Water Supply: [] Private Well [] Community System County Directions from Lillington to your site: 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.

#### **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.

|         | vou received a violation letter for a failing system from our office? [] YES [X] NO                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AISO, V | vithin the last 5 years have you completed an application for repair for this site? [ ] YES [X] NO                                                                   |
|         | ome was built (or year of septic tank installation) 2014                                                                                                             |
|         | er of system 01715 Stnckland                                                                                                                                         |
| eptic   | Tank Pumper                                                                                                                                                          |
| esign)  | er of System                                                                                                                                                         |
| 1.      | Number of people who live in house? 2 # adults 1 # children 3 # total                                                                                                |
| 2.      | What is your average estimated daily water usage? 5170 gallons month or day Hame county                                                                              |
|         | water. If HCPU please give the name the bill is listed in Wesley Bryan                                                                                               |
| 3.      | If you have a garbage disposal, how often is it used? [X] daily [ ] weekly [ ] monthly                                                                               |
| 4.      | When was the septic tank last pumped? 5[10] 2020 How often do you have it pumped? every 4 morths                                                                     |
| 5.      | If you have a dishwasher, how often do you use it? [x] daily [ ] every other day [ ] weekly                                                                          |
| 6.      | If you have a washing machine, how often do you use it? [X] daily [ ] every other day [ ] weekly [ ] monthly                                                         |
| 7.      | Do you have a water softener or treatment system? [ ] YES [X] NO Where does it drain?                                                                                |
|         | Do you use an "in tank" toilet bowl sanitizer? [ ] YES [x] 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 [x] NO If so, what kind?                                                                             |
| 11.     | Have you put any chemicals (paints, thinners, etc.) down the drain? [ ] YES [X] NO                                                                                   |
| 12.     | Have you installed any water fixtures since your system has been installed? [ ] YES [x] 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 [x] 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                                                                                                                      |
|         | Describe what is happening when you are having problems with your septic system, and when was this first noticed?                                                    |
| _       | Tank is having to be pumped eveny lovole months, needs to be                                                                                                         |
| ۲       | Tank is having to be pumped every couple months, needs to be expaired as a side has caved in . Not properly instalked in beginning                                   |
| 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 |
|         | - and the state of a gastary [ ] res [ ] res in res, prease list                                                                                                     |
|         |                                                                                                                                                                      |

## 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 permit

|                                                                                                                                                                 |                                                                                                                                                               | EMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IL ADDRESS:                                              | ff4707@gmail.com                                                                                                                                                                             |
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| NAME TITTANY BY                                                                                                                                                 | yan                                                                                                                                                           | PHOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IE NUMBER 4                                              | 04-983-Le167                                                                                                                                                                                 |
| PHYSICAL ADDRESS 1289                                                                                                                                           | Raven Rock                                                                                                                                                    | Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lillingth                                                | n nc 27544                                                                                                                                                                                   |
| MAILING ADDRESS (IF DIFFFEREN                                                                                                                                   |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9                                                        |                                                                                                                                                                                              |
| IF RENTING, LEASING, ETC., LIST I                                                                                                                               | ROPERTY OWNER NAME                                                                                                                                            | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                                                                                                                                                              |
| SUBDIVISION NAME                                                                                                                                                | LOT #/TRACT #                                                                                                                                                 | STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATE RD/HWY                                               | SIZE OF LOT/TRACT                                                                                                                                                                            |
| Type of Dwelling: [] Modular                                                                                                                                    | [] Mobile Home                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                                                                                                                                              |
| Number of bedrooms                                                                                                                                              | [] Basement                                                                                                                                                   | To consider the constraint of |                                                          |                                                                                                                                                                                              |
| Garage: Yes[]No[/                                                                                                                                               | Dishwasher: Yes                                                                                                                                               | [] No [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | Garbage Disposal: Yes [ ]                                                                                                                                                                    |
| Water Supply: [] Private Well                                                                                                                                   | [ ] Community Sys                                                                                                                                             | tem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County                                                   |                                                                                                                                                                                              |
| Directions from Lillington to your                                                                                                                              | site:                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                                                                                                                                              |
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| <ol> <li>A "surveyed and recorded wells on the property by s</li> <li>The outlet end of the tank uncovered, property lines us at 910-893-7547 to cor</li> </ol> | d map" and "deed to your pr<br>howing on your survey map.<br>and the distribution box will<br>flagged, underground utilitie<br>firm that your site is ready f | operty" must<br>I need to be ur<br>es marked, and<br>for evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oe attached to the<br>covered and pro<br>the orange sign | ply by completing the following: is application. Please inform us of any perty lines flagged. After the tank is has been placed, you will need to call ime set within receipt of a violation |
| etter. (Whichever is applicable.)                                                                                                                               | mi so days of issuance of the                                                                                                                                 | e improvemer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it remit of the t                                        | ime set within receipt of a violation                                                                                                                                                        |
| By signing below, I certify that all on the denial of the permit. The permit is the permit is the permit.                                                       | of the above information is c<br>it is subject to revocation if                                                                                               | correct to the l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | est of my knowl                                          | edge. False information will result in ownership changes.                                                                                                                                    |
| Phyllin                                                                                                                                                         |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0124110                                                  |                                                                                                                                                                                              |

Date

Signature

#### 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 y   | ou received a violation letter for a failing system from our office? []YES []NO                         |  |  |  |  |  |  |
|----------|---------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|          | vithin the last 5 years have you completed an application for repair for this site? [ ] YES [ ] NO      |  |  |  |  |  |  |
| Year h   | ome was built (or year of septic tank installation)                                                     |  |  |  |  |  |  |
| nstall   | er of system                                                                                            |  |  |  |  |  |  |
| Septic   | Tank Pumper                                                                                             |  |  |  |  |  |  |
| Design   | er of System                                                                                            |  |  |  |  |  |  |
| 1        | Number of people who live in house? 2 # adults 1 # children# total                                      |  |  |  |  |  |  |
| 2.       | What is your average estimated daily water usage?gallons/month or daycounty                             |  |  |  |  |  |  |
|          | 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? 101019 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            |  |  |  |  |  |  |
| 92/1/201 | 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                                           |  |  |  |  |  |  |
|          | 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                                                         |  |  |  |  |  |  |
|          | Describe what is happening when you are having problems with your septic system, and when was this      |  |  |  |  |  |  |
|          | first noticed?                                                                                          |  |  |  |  |  |  |
|          | 10/11/19 when tary was emptied informed                                                                 |  |  |  |  |  |  |
| 4.7      | MIAS TO DE VERTALIA                                                                                     |  |  |  |  |  |  |
|          | 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# 14-5-3                                           | Harnett County Department of Public Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |  |  |  |  |  |
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| -                                                     | / ' / / / / / / / / / / / / / / / / / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5          |  |  |  |  |  |  |
| PERMIT # <u>279</u>                                   | Operation Permit  New Installation Septic Tank Nitrification Line Repair PROPERTY LOCATION: 1289 RENEW LOCK PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · .        |  |  |  |  |  |  |
|                                                       | New Installation Septic lank Nitrification Line   Repair   PROPERTY LOCATION: \28°\ Parent Pa | Expansio   |  |  |  |  |  |  |
| Name: (owner)                                         | JEFF M CRATH SUBDIVISION LOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |  |  |  |  |  |
| System Installer: _                                   | OTTIS STANCHLAND Registration #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |  |  |
| Basement with plumb<br>Type of Water Supply           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |  |  |
| System Type:                                          | Types V and VI Systems expire in 5 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |  |  |  |  |  |  |
| (In accordance with T                                 | Owner must contact Health Department 6 months prior to expiration for permit renewal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |  |  |  |  |  |
| This system has been instal                           | lled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorizati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ion.       |  |  |  |  |  |  |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |  |  |
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|                                                       | MEMAE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |  |  |  |  |  |
|                                                       | (A+ 50 →                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |  |  |  |  |  |  |
|                                                       | FOLE 1 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |  |  |  |  |  |  |
|                                                       | TING2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |  |  |  |  |  |
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|                                                       | House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |  |  |  |  |  |
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|                                                       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |  |  |  |  |  |
|                                                       | ROYEN ROCK RO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |  |  |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |  |  |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |  |  |
| PERMIT CONDITIONS:                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100        |  |  |  |  |  |  |
| <ol> <li>Performance:</li> <li>Monitoring:</li> </ol> | Performance: System shall perform in accordance with Rule .1961.  Monitoring: As required by Rule .1961.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |  |  |  |  |  |  |
| III. Maintenance:                                     | As required by Rule .1961. Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |  |  |  |  |
|                                                       | Subsurface system operator required? Yes \( \subseteq \text{No.} \( \subseteq \text{No.} \)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |  |  |  |  |  |  |
| IV. Operation:                                        | If yes, see attached sheet for additional operation conditions, maintenance and reporting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |  |  |  |  |  |
| -                                                     | F C 1. 2.450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |  |  |  |  |  |  |
| Y. Other:                                             | Enrice System 15 3 × 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |  |  |  |  |  |  |
| Collowing on the said                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ PWR Line |  |  |  |  |  |  |
| Type of system: (                                     | fications for the sewage disposal system on the above captioned property.  Conventional Other <u>EZ FLow</u> Septic Tank: <u>EXISTING</u> gallons Pump Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | gallons    |  |  |  |  |  |  |
| Subsurface                                            | No. of exact length width of depth of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |  |  |  |  |  |
| Drainage Field —                                      | ditches of each ditch 50 feet ditches 3 feet ditches 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | inches     |  |  |  |  |  |  |

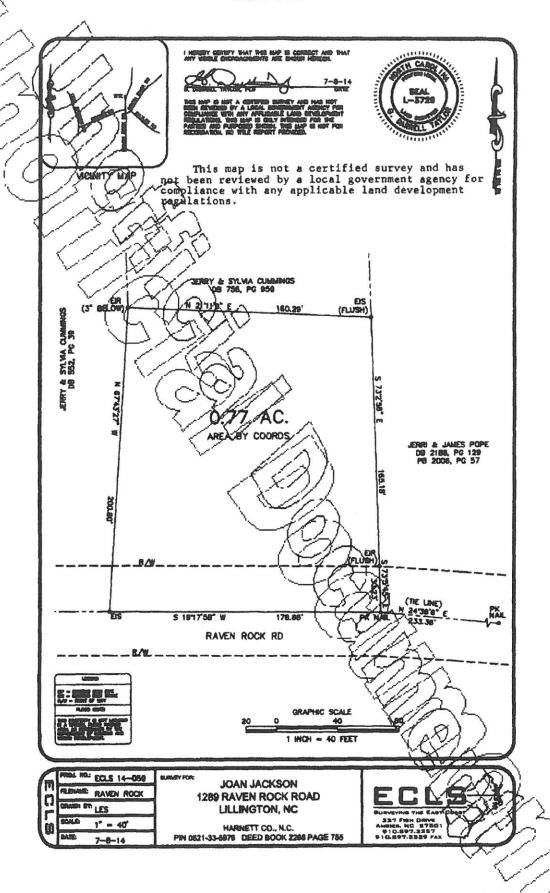
Authorized State Agent\_

French Drain Required:

REAS

Linear feet

Date 9 16 14



Criziottiet: 12000/ - 004110 \$0.00 Dalatice; ALUVE Kesiueriuai WESLEY BRYAN Deposit: (\$100.00) Collections Okay Renter 1289 RAVEN ROCK RD Last Bill: \$37.16 Due 10/26/2020 OUE# LILLINGTON, NC 27546 Plan: Meter Number: 19268303 Next: Cycle/Book: West Central 5 / Book 05 Moved in 6/1/2015 (404) 983-6191 Call Number: 00660 Eligible for Arrangements Customer Service Address Customer (Account | Services Addresses Transaction History Reading History X Bills Comments Move In/Out | Loans/POS Col Water Record 1 of 65 13 - 0 - 6 ▲ Read Date Service ▼ Meter Read Type Read Status Previous Reading Current Reading Multiplier 1 Multiplier 2 Days Consumption Unit Of N > Water 19268303 Potable 9/29/2020 Actual Read 423650.000 428770.000 1.0000000 0.0000000 39 5120.000 Gallons Water 8/21/2020 19268303 Potable Actual Read 419700.000 423650.000 1.0000000 0.0000000 30 3950.000 Gallons Water 7/22/2020 19268303 Potable Actual Read 415110.000 419700.000 1.0000000 0.0000000 30 4590.000 Gallons R 6/22/2020 Water 19268303 Potable Actual Read 409950.000 415110.000 1.0000000 0.0000000 33 5160.000 Gallons Water 5/20/2020 19268303 Potable Actual Read 403740.000 409950.000 1.0000000 0.0000000 29 6210.000 Gallons Water 4/21/2020 19268303 Potable Actual Read 397410.000 403740.000 1.0000000 0.0000000 31 6330.000 Gallons Water 3/21/2020 19268303 Potable Actual Read 393710.000 397410.000 1.0000000 0.0000000 23 3700.000 Gallons Water 2/27/2020 19268303 Potable Actual Read 386990.000 393710.000 1.0000000 0.0000000 27 6720.000 Gallons Water 1/31/2020 19268303 Potable Actual Read 379960.000 386990.000 1.0000000 0.0000000 35 7030.000 Gallons Water 12/27/2019 19268303 Potable Actual Read 372790.000 379960.000 1.0000000 0.0000000 36 7170.000 Gallons

HARNETT COUNTY TAX ID#

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2018 APR 18 08:25:01 AM
BK:3597 PG:380-382
FEE:\$25.00
INSTRUMENT # 2018005254

**CCLINTON** 



Instrument Prepared By: Jeannette G. Congdon, Congdon Law, P. O. Box 1167, Fuquay Varina, NC 27526 Mail After Recording To: Jeannette G. Congdon, Congdon Law, P.O. Box 1167., Fuquay Varina, NC 27526

No Title Examination

Excise Tax: \$0.00

Tax ID No.: 130621 0008 Parcel ID No.: 130621 0008

**QUITCLAIM DEED**(No Title Search)

STATE OF NORTH CAROLINA COUNTY OF HARNETT

THIS DEED, made this 13th day of April, 2018, by and between The Triumph Capital Group, LLC, Grantor and Terry Bryan and Tiffany Bryan, husband and wife, Grantees, 1289 Raven Rock Road, Lillington, NC 27546.

WITNESSETH:

THAT said Grantor for and in consideration of the sum of ten (\$10.00) and other valuable considerations to him in hand paid, the receipt of which is hereby acknowledged, have remised and by these presents do remise, release, and forever quitclaim unto the Grantee(s) and their heirs and assigns all right, title, claim, and interest of the said Grantor in and to a certain tract or parcel of land lying and being in Upper Little River Township, County of Harnett, and State of North Carolina, and more particularly described as follows:

Beginning at an existing iron stake in the centerline on NCSR #1314 (Rayen Rock Road), said existing iron stake being the southeastern corner of Jerry & Sylvia Cummings tract as deeded in Book 552, Page 39, Harnett County Registry and running thence as Jerry & Sylvia Cummings line North 67 degrees 43 minutes 27 seconds West 200.80 feet to an existing iron rod at the southwestern corner of Jerry & Sylvia Cummings tract as shown in deed Book 756, Page 959, Harnett County Registry and running thence as Jerry & Sylvia Cummings line North 21 degrees 11 minutes 9 seconds East 160.29 feet to an existing iron stake, also being the southeastern corner of Jerry & Sylvia Cummings tract as

shown in 756, Page 959, Harnett County Registry, said corner also being located in the line of the Jerri & James Pope tract as deeded in Book 2188, Page 129 and Plat Book 2006, Page 57, Harnett County Registry; thence running with the line Jerri & James Pope tract South 73 degrees 2 minutes 58 seconds East 165.18 feet to an existing iron rod located in the northern edge the right of way NCSR 1314 (Raven Rock Road); thence South 73 degrees 5 minutes 45 seconds East 30.23 feet to a PK Nail in the centerline of NCSR 1314 (Raven Rock Road); running thence with the centerline of NCSR 1413 (Raven Rock Road) South 19 degrees 17 minutes 58 seconds West 178.66 feet to the point and place of beginning, and containing 0.77 acres more or less.

See the map attached for further reference to legal description.

Said property was deeded to Grantor by Warranty Deed, recorded in Harnett County Register of Deeds, Book 3230, Page 495-496, July 15, 2014.

\*\*The property herein described is () or is not (X) the primary residence of the Grantor (NCGS 105-317.2)

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges thereunto belonging to the Grantee(s) in fee simple.

IN TESTIMONY WHEREOF, said Grantor has hereun to set his hand and seal the day and year first above written.

Mark Centrella, Managing Member
TRIUMPH CAPITAL GROUP, LLC

(seal)

STATE OF NORTH CAROLINA

COUNTY OF WAKE

My Commission Expires: 12.17.19

Notary Public

Notary Field, North Carolina Wake County My Commission Expires December 17, 2019