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: BRI	ANKGARZA@GMAIL,COM
NAME BRIAN GARZA		PHONE	NUMBER 919-	586-6166
PHYSICAL ADDRESS 51 KENS	PRICK CT. FUBUAY	VARINA 1	VC 275:	26
MAILING ADDRESS (IF DIFFFERENT	1	A		
IF RENTING, LEASING, ETC., LIST PI	ROPERTY OWNER NAME	OWNER		
/	Lot 90			1/3 ACRE
SUBDIVISION NAME	LOT #/TRACT #	STAT	E RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home	[] Stick built	() Other SLAE	& FOUNDATION
Number of bedrooms	[] Basement			
Garage: Yes No []	Dishwasher: Yes	No []		Garbage Disposal: Yes [] No 🖔
Water Supply: [] Private Well	[] Community Syst	em	County	
Directions from Lillington to your	site: 401 N -> BAL	LARD RD.	+ JUSEPH,	ALEXANDERY
GWENDYLN WAY +				
In order for Environmental Hea	Ith to help you with your	repair. vou wi	ll need to comp	ly by completing the following:
1. A "surveyed and recorded		And the second s	Charles and the property of the party of the	application. Please inform us of any
uncovered, property lines	flagged, underground utilitie	s marked, and t		erty lines flagged. After the tank is as been placed, you will need to call
	nfirm that your site is ready the hin 30 days of issuance of the		Permit or the tir	ne set within receipt of a violation
By signing below, I certify that all the denial of the permit. The perm				dge. False information will result in wnership 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.

7.0	ou received a violation letter for a failing system from our office? [] YES [X] NO 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) $20/4$
istalle	er of system TED BROWN CONSTRUCTION
eptic	Tank Pumper
esign	er of System
	7
	Number of people who live in house?# adults# 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 11/ANE GARZA
	If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly
4.	When was the septic tank last pumped? How often do you have it pumped? Wears
5.	If you have a dishwasher, how often do you use it? [] daily [] every other day
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 [X] NO Where does it drain?
8.	Do you use an "in tank" toilet bowl sanitizer? YES [] NO
9.	Are you or any member in your household using long term prescription drugs, antibiotics or
	chemotherapy?] [] YES [X] NO If yes please list
10.	Do you put household cleaning chemicals down the drain? [] YES MO If so, what kind?
11.	Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [NO
	Have you installed any water fixtures since your system has been installed? [] YES [] NO If yes,
	please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets
13.	Do you have an underground lawn watering system? [] YES [] NO
14.	Has any work been done to your structure since the initial move into your home such as, a roof, gutter
	drains, basement foundation drains, landscaping, etc? If yes, please list und scaping
15.	Are there any underground utilities on your lot? Please check all that apply:
	[X] Power [X] Phone [X] Cable [X] Gas [X] Water
16.	Describe what is happening when you are having problems with your septic system, and when was this
	first noticed?
	sewage rises to the surface
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

HTE# 13-5-	32443	Harnett County	Department of Po	ublic Health	07700
PERMIT # _ 2	7710	,	Operation Permit		23329
FERTIII #	11/0		operation Terrist	al Divisori	Line □ Repair □ Expansi
Name: (owner)	Cumperland	Hones Inc	PROPERTY LOCATION: 32 14 SUBDIVISION BALLAND	O I Dallaco	LOT # 90
System Installer:	TED BRI	UNDA STORY	Registration #		LUI # _/B
	nbing: Garage		negistration //		
Type of Water Supp	oly: 🗆 Community 🗷	Public Well Distance	e from well feet		
	y to 2500 Not	Type II B CK	Types V and VI System must contact Health Department 6	is expire in 5 years.	
(In accordance with	Table V a)	Owner	must contact Health Department 6	nonths prior to expiration	for permit renewal.
This system has been ins	talled in compliance with applicable	e North_Carolina General Statutes, Rules	for Sewage Treatment and Disposal, and all	conditions of the Improvement Pe	rmit and Construction Authorization.
		380000			r
		Jung on 5			
		was per an	6		
			/ / /	> /	
			///		
			/////	//	
		-			
		PE			
		N'	7.///		
		1 600 s	60 0		
		16 750	of ad		
			29:		
		1 1/2 3/6			
		1 2	_/		
			7		
		Kendwood			
		Kenic C			
	5	,			
PERMIT CONDITIONS:					
I. Performance:		accordance with Rule .1961.			
II. Monitoring: III. Maintenance:	As required by Rule .190 As required by Rule .190				
m. Hamtenance.		or required? Yes \(\square\) No \(\square\)			
			ions, maintenance and reporting.		
IV. Operation:			, ,		
V 0+L	- 				
V. Other:					
	D-Box 🗆		Alarm 🗆	H20Line	PWR Li
Following are the spe		isposal system on the above cap	1		
Type of system: Subsurface		er 25% REDUCTION			Pump Tank: / gallons
Subsurface Drainage Field	No. of ditches	exact length of each ditch	width of feet ditches		depth of ditches 24 inches
P	21101107	or cacii dittii		feet	ditches 24 inches

Date 10-9-14

HTE# B-5-32443

Harnett County Department of Public Health

27710

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

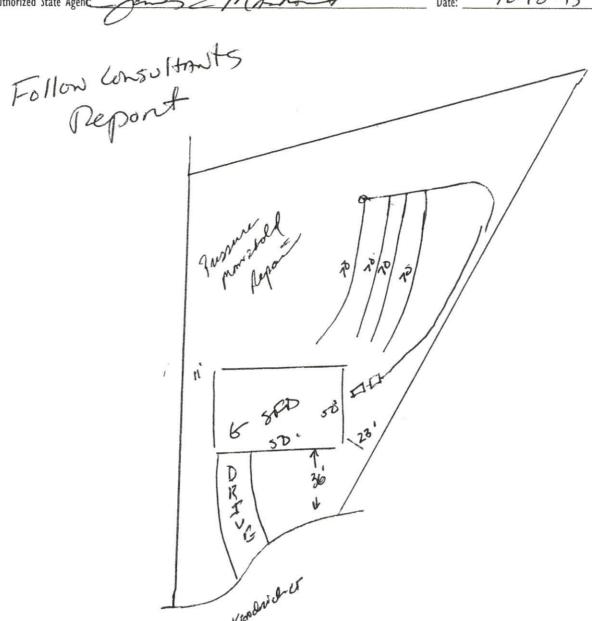
A building perior cam	PROPERTY LOCA	TION:5/1437 BAL	lond RD	
ISSUED TO: Compenhand Homes INC	SUBDIVISION	BillingWood	0	LOT # 90
NEW REPAIR EXPANSION		Site Improvements requ	ired prior to Construction Autho	
Type of Structure:		i i i i i i i i i i i i i i i i i i i		
Proposed Wastewater System Type: 25% RGDUCTON	-			
Projected Daily Flow: 360 GPD	-			
Number of bedrooms: 3 Number of Occupants:	max			
Basement 🗆 Yes 🖃 No	-Massaco			
Pump Required: ZiYes No May be required based on final l	ocation and eleva	ations of facilities		
Type of Water Supply: Community Public Well Distar			Permit valid for:	Five years
Permit conditions:				☐ No expiration
Follow (wenter	uts Repor	<i>F</i>	
		V		
Authorized State Agent: 2 Markon	Date:			TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	r permits. The permit	t holder is responsible for chec	king with appropriate governing bodies	in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	Permit shall not be	affected by a change in owner	ship of the site. This permit is subject t	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				The state of the s
C	4' - A -	dha wina dia m		
Constr	uction Au	thorization		
(Re	quired for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957	, .1958. and .1959 a	re incorporated by references i	into this permit and shall be met. Syster	ms shall be installed in accordance
with the attached system layout.			3	
ISSUED TO: Cumberland Homes INC	PROPERT	LOCATION: SA 14	37 Balland	
1350ED TO. CONSTRUCT HOLICES TO	CHRUINIC	ON Ballon Die	37 BALLAND	LOT # 90
Facility Type: SFD New	Expan		, ocq	
ruemej riper		sion in Repair		
Basement? Yes No Basement Fixtures? Yes	☑ No	T. 100	(Initial) Wastermater Flanc	: 360 GPD
Type of Wastewater System** Prop to 25 1/2 1760	VCTIO D	JAX 82	(Initial) Wastewater Flow	: UTD
		1.51		
Presoure March		(Repair)		
Installation Requirements/Conditions Number of tren-	ches4_		9	
Septic Tank Size 1000 gallons Exact length of	each trench	70 feet	Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons Trenches shall be	e installed on o	contour at a	Soil Cover:	inches
Maximum Trenci	h Depth of:	74 inches	(Maximum soil cover shall	I not exceed
(Trench bottoms		4	36" above the trench be	ottom)
in all directions				
	,			inches below pipe
Pump Requirements:ft. TDH vs GPM			Aggregate Denth:	Z inches above pipe
Eller Co	- 1 da 1	to 0.	Aggregate Deptil.	inches total
Conditions: Follow Co	1-) 1-1 17 (-1) repon		Inches total
		United the state of the state o		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	ANY PART OF	SEPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI				
		C. J the application	I account the enecifications of	f this parmit
**If applicable: I understand the system type specified is different from	the type specif	tied on the application.	. I accept the specifications of	i uns permit.
5 60 00000 N 000			D	
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	e changes. The Constr	uction Authorization shall not	be transferred when there is a change in	n ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules fo	r Sewage Treatment a	and Disposal and to the condit	ions of this permit.	E ATTACHED SITE SKETCH
1 11	10			
Authorized State Agent: 3 Mark	RIVE	Date:	12-18-13	
Cons	struction Author	orization Expiration D	12-18-13 Date: 12-18-18	<u>}</u>
		The second secon		

Harnett County Department of Public Health Site Sketch

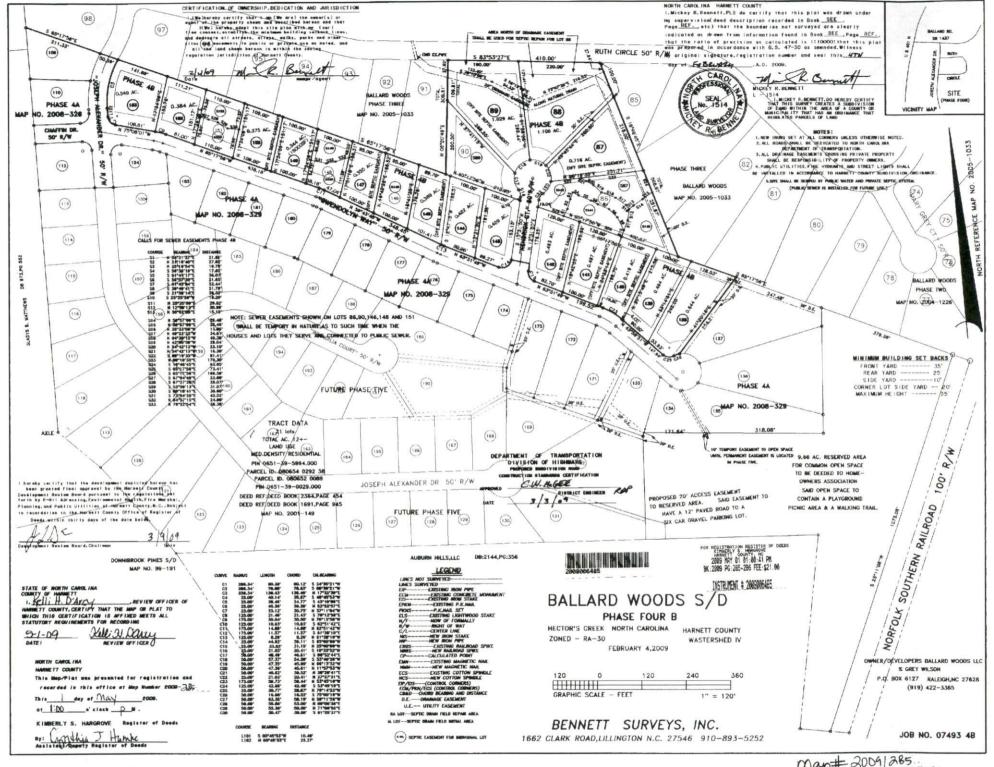
PROPERTY LOCATON: 8n/437 Bn/lond RD

ISSUED TO: Conhectand Hovery Tric SUBDIVISION Balland weens LOT # 96

Authorized State Agency Smith of Date: 12-18-13



Cuscomor, 1	21100 - 002002		naiai ice	puluu		MULIYE				Vealnet
BRIAN GARZA			Deposit:	(\$25.00)		Collections Okay	1			Owner
51 KENDRICK CT	•		Last Bill:	\$31.72 Du	ue 1/29/2021	OUE#			-	
FUQUAY-VARINA	4, NC 27526		Plan:	None		Meter Number:	00277909		i	
			Next:			Cycle/Book:	North West 6 /	Book 06		Moved
(919) 552-3797						Call Number:	00885			Eligible
Comments	Mov	e <u>I</u> n/Out	Loan	s/POS	Collections	Letters	<u>N</u> otes		Attachme	ents
<u>C</u> ustomer	Service A	ddress	Customer	[Account	Ser <u>v</u> ices	<u>A</u> ddresses	<u>Iransaction</u> H	istory	Re	ading F
Water		() Reco	rd 1 of 74	R 3	. 0					
Service	▲ Read Date ▼		Read Type	Read Status	Previous Reading	Current Reading	Days	Consul	motion	Unit Of
> Water	1/8/2021	00277909		Actual Read	380820.000	384950,000			4130.000	
Water	12/9/2020	00277909	Potable	Actual Read	372950.000	380820.000) ·	40	7870.000	Gallons
Water	10/30/2020	00277909	Potable	Actual Read	367820.000	372950.000) (32	5130.000	Gallons
Water	9/28/2020	00277909	Potable	Actual Read	363060.000	367820.000) ;	35	4760.000	Gallons
Water	8/24/2020	00277909	Potable	Actual Read	359790.000	363060.000		24	3270.000	Gallons
Water	7/31/2020	00277909	Potable	Actual Read	354750.000	359790,000		32	5040.000	Gallons
Water	6/29/2020	00277909	Potable	Actual Read	350120.000	354750.000)	31	4630.000	Gallons
Water	5/29/2020	00277909	Potable	Actual Read	344260.000	350120.000) ;	38	5860.000	Gallons
Water	4/21/2020	00277909	Potable	Actual Read	339770.000	344260.000) (32	4490.000	Gallons
			**							



For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2014 Nov 26 01:42 PM NC Rev Stamp: \$ 510.00
Book: 3263 Page: 602 Fee: \$ 26.00
Instrument Number: 2014015953

HARNETT COUNTY TAX ID # 080654 0292 80

11-26-2014 BY: CW

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$510.00	
Parcel Identification No.: 08-0654-0291-80 Verified by Han	nett County
Ву:	
Mail/Box to: Single Source Real Estate Services, Inc., 291	9 Breezewood Ave. Ste 300. Favetteville. NC 28303
This instrument was prepared by: The Barfield Law Firm 14DB-HM	File Number: 38167-
Brief description for the Index: Lot 90 , BALLARD WO	ODS SUBDIVISION, PHASE FOUR B,
THIS DEED made this 26th day of November, 2014 by and	between
GRANTOR	GRANTEE
Millennium Homes of North Carolina, LLC	Brian K Garza and wife, Diane Garza
PO Box 727 Dunn, NC 28335	51 Kendrick Court Fuquay Varina, NC 27526

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

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in or near City of Fuquay Varina, Hectors Creek Township, Harnett County, NC and more particularly described as follows:

BEING all of Lot 90 in a subdivision known as BALLARD WOODS S/D, PHASE FOUR B, and a plat of same duly recorded in Plat Book 2009, Page 285, Harnett County Registry, North Carolina.

Parcel #: 08-0654-0292-80

Property Address: 51 Kendrick Court, Lot 90 Ballard Woods, Fuquay Varina, NC 27526

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3208, page 14.

A map showing the above describe property is recorded in Plat Book 2009, Page 285.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that the Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claim of all persons whomsoever, other than the following exceptions:

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

GRANTORS HEREBY CERTIFY THAT THE REAL PROPERTY HEREIN CONVEYED DOES $\underline{\text{NOT}}$ INCLUDE THEIR PRIMARY RESIDENCE.

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

MILLENNIUM HOMES OF NORT	H CAROLINA, LLC	(SEAL)
By: Title: Danny Norris By: MANAGER	· · · · · · · · · · · · · · · · · · ·	(SEAL)
USE BLACK INK ONLY	State of, County of I, the undersigned Notary Public of the County and State aforesaid, personally appeared before this day and acknowledged the due instrument for the purposes therein expressed. Witness my hand ar day of, My Commission Expires: Notary Public	e execution of the foregoing
USE BEACK INK ONLY	I, the undersigned Notary Public of Hoke County, State of Danny Norris personally came before me this day and ac MANAGER of Millennium and that by authority duly given and as the act of each of forgoing instrument in its name on its behalf as its act and do Notarial stamp or seal this26th, day ofNovember My Commission Expires: 8/06/2016 Heather M. McCar	knowledged that he is the Homes of NC, LLC orporation, he signed the ed. Witness my hand and 2013.
USE BLACK INK ONLY	State of County of 1, the undersigned Notary Public of the County and State aforesaid, Witness my hand and Notarial stamp or seal this, day of My Commission Expires: Not	
The foregoing Certificate(s) of		certified to be correct.
This instrument and this certificate are du	y registered at the date and time and the Book and Page shown on the Register of Deeds for	



Smithfield N.C.
"Specializing in septic tanks"
SEPTIC TANK, REPAIR, DRIVEWAYS, FOOTINGS.
PO BOX 2853 SMITHFIELD, NC 27577

Tomas Avila General Manager 919-320-3507 avilaconstruction06@gmail.com