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

	True Divility	EMAIL ADDRESS: LOWE	en. Weathers 89@gmail.	
NAME LAUVEN Weathers	True Quality Homes, Inc	PHONE NUMBER 919	-398-0400	
PHYSICAL ADDRESS 134 DIC	Oak Lane Du	nn, NC 28334		
MAILING ADDRESS (IF DIFFFERENT TH	HAN PHYSICAL) 809 D	avis Ave. Dunn, N	16 28334	
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME			
notin Sub.			2.8 acres	
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT	
Type of Dwelling: [] Modular	[] Mobile Home	Stick built [] Other		
Number of bedrooms []	Basement			
Garage: Yes [X] No []	Dishwasher: Yes [NN N	0[]	Garbage Disposal: Yes [] No [X]	
Water Supply: [N] Private Well	[] Community System	3*((5))		
not connected Directions from Lillington to your site	: Take 421 tou	wards Dunn, to	ake right onto	
HWY 301 (past post				
on unmarked rd - ha	s ovarge DOT cor	ne, take right	at next stop	
on unmarked rd - ha	in house or	right or	* Do not use GPS IT has moved road *	
 A "surveyed and recorded map" and "deed to your property" must be attached to this application. Please inform us of any wells on the property by showing on your survey map. 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 denial of the permit. The permit				
Laune Weath	A	3/24/21		

HOMEOWNER INTERVIEW FORM

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

Have you received a violation letter for a failing system from our office? []YES [X NO Also, within the last 5 years have you completed an application for repair for this site? []YES [X NO
Year home was built (or year of septic tank installation) 1900
Installer of system
Septic Tank Pumper
Designer of System
1. Number of people who live in house? # adults # children # total 2. What is your average estimated daily water usage? gallons/month or day county
water. If HCPU please give the name the bill is listed in True Quality Homes
 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? WYLYDWY 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 [X] NO Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9. Are you or any member in your household using long term prescription drugs, antibiotics or
chemotherapy?] [] YES [NO If yes please list
10. Do you put household cleaning chemicals down the drain? [] YES [NO If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [NO
12. Have you installed any water fixtures since your system has been installed? [X] 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 [XNO
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 unknown
15. Are there any underground utilities on your lot? Please check all that apply:
not sure, only owned property [] Power [] Phone [] Cable [] Gas [] Water
16. Describe what is happening when you are having problems with your septic system, and when was this
first noticed?
Inspected on 3/22, rec. report 3/23 There was surfacing effluent
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy
rains, and household guests?) [] YES [X] NO If Yes, please list was unaware of any
issues as no one lives in home and previous owners and not give
any into onseptic



Top2BottomInspections.com (919)-631-1805

On-Site Septic/Wastewater Inspection

Client Name: Susan Davis and Thomas Nelson

Client Address: 134 Old Oak Lane, Dunn, NC 28334

Inspection Address: 134 Old Oak Lane, Dunn, NC 28334

Date of Inspection: 3/22/2021



Front of the Inspection Site House

Septic System Report Summary

- The septic tank is located in the front yard (about 15' off the front foundation). The septic tank was not viewed and tested from the hatches due to surfacing of effluent. The drain field is located in the front yard.
- THE SEPTIC SYSTEM IS NOT FUNCTIONING. THE SEPTIC TANK IS FULL AND NOT DRAINING. EFFLUENT
 WAS NOTED TO FILL THE HOLE WHILE DIGGING. THE DISTRIBUTION BOX WAS NOT OPENED TO
 PREVENT EFFLUENT TO SURFACE CONTACT. THE SEPTIC TANK SHOULD BE PUMPED TO FURTHER
 INSPECT/TEST THE OUTLET PIPE, DISTRIBUTION BOX AND DRAIN LINES. THE SEPTIC TANK SHOULD
 BE FURTHER EVALUATED TO DETERMINE THE SEVERITY OF THESE ISSUES AND ANY REPAIRS NEEDED
 SHOULD BE COMPLETED BY A LICENSED SEPTIC REPAIR PERSON/SPECIALIST.
- With the repairs completed and proper maintenance, the septic system can be expected to function satisfactorily and is unlikely to create an unsanitary condition. This statement does not constitute an assurance.



Tank Location



Effluent/Soil Contamination



Outlet Lid



Drain Field

Septic Field Form

3 : Advertise	d number of	f bedrooms a	as stated in ML	S or as stated	in attached	sworn stat	ement by	owner o	r owner's
representativ	re.								

<u>360</u>: Gallons per day for designed system size or number of bedrooms as stated in available local health department information.

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit.

Copy of Operations permit from _____ County Environmental Health attached.

System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44.

Current Operator's Name

Most recent performance, operation and maintenance reports are Attached Not Available.

Type of water supply Well Public Water Community Water Spring Unknown

Location of Septic tank and septic tank details:

15 feet from the house or structure.

N/A feet from well if applicable.

N/A feet from water line if applicable.

N/A feet from property line if said property lines are known or marked.

24-30" distance from finished grade to top of tank or access riser.

NO Access riser(s). UNKNOWN Tank lids intact. UNKNOWN Tank has baffle wall. If Yes, describe the condition of the baffle wall: UNKNOWN Inflow to tank is noted as sufficient. UNKNOWN Inflow to tank is noted as insufficient or blocked. UNKNOWN Water level in tank is relative to tank outlet. UNKNOWN Outlet T is present. Describe the condition of the Outlet T: UNKNOWN Outlet has filter. Describe the condition of the filter: UNKNOWN Effluent leaves the outlet. UNKNOWN Roots present in tank. YES Evidence of tank leakage. Describe: NO Evidence of non-permitted connections, such as downspouts or sump pumps. UNKNOWN Connection present from house to tank. UNKNOWN Connection present from tank to next component. UNKNOWN Percentage of solids in the tank. N/A Unable to locate tank. System inspection cannot be completed until tank is located.
Date tank was last pumped: <u>Unknown</u>
Does the tank have a pump tank? Yes No : (Complete the blanks below if yes)
feet from house or structure.
feet from well or spring if applicable.
feet from water line if applicable feet from property line if property lines are known or marked.
Distance from finished grade to top of tank or access riser.
Access risers in pace. Describe type:
feet from septic tank.
Describe the condition of the tank lids:
Location of control panel:
Electrical connections are in place and properly grounded.
Audible and visible alarms (as applicable) work.
Pump turns on and effluent is delivered to the next component.
Unable to operate pump due to lack of electricity at the site at the time of the inspection.
Dispersal Field Type: Conventional Accepted Innovative Experimental Controlled Pretreatment; Type of Pretreatment
Brief Description of System Type: <u>Gravity</u>
N/A feet from property line if property lines are known or marked.
N/A feet from septic/pump tank.
UNKNOWN lands of drain lines.
<u>UNKNOWN</u> length of drain lines. <u>UNKNOWN</u> Evidence of past or current surfacing at time of the inspection.
Briefly describe:
NO Evidence of traffic over the dispersal field.
NO Vegetation, grading, and drainage noted that may affect the condition of the system.
NO Effluent is reaching the dispersal field.
Certified Inspector Name: Talton Flowers Earp III
Company Name: Top 2 Bottom Inspections, Inc.
Company Address: PO Box 1679, Clayton, NC 27528
Inspector Phone: 919-631-1805
Inspector Certification Number: 4117I Certification Expires: December 31, 2021

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This on-site wastewater system inspection is a presentation of system facts in place on the day of the inspection.

Inspector Signature:

Date: 3/22/2021

Simous Liu to + 509 Systey by Call H. Walker, for hey Torte thites y dorse! Lest Plu of Interstate Huy # 450W 4 30E .7TN 2.87Acres 1.97 AcTE 1.17 ACTE 1 3734 I.1

HARNETT COUNTY TAX ID# 021504 0064

11-20-2020 BY SB

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2020 Nov 20 04:22 PM NC Rev Stamp: \$ 200.00
Book: 3900 Page: 198 - 200 Fee: \$ 26.00
Instrument Number: 2020021754

NORTH CAROLINA GENERAL WARRANTY DEED

Parcel Identifier No. 0015981 Verified by By:	County on the day of	, 20
Mail/Box to: Grantee		
This instrument was prepared by: Roper & Taylor, PA Attorneys a	at Law, P.A., 5660 Six Forks Rd., Suite 104, Raleigh, NC 2	7609
Brief description for the Index:	ir oxi inam.	- 10 Post 10 1
THIS DEED made this day of Nove	ember, 2020_, by and between	
GRANTOR	GRANTEE	
William Earl Wood, Sr and spouse,	True Quality Homes, Inc.	
Brenda Ivey Wood	809 Davis Avenue	
2088 Baileys Crossroad	Dunn, NC 28334	
Coats, NC 27521	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The state of the s		
	and the second s	
	e, mailing address, and, if appropriate, character of e	entity, e.g.
Enter in appropriate block for each Grantor and Grantee: name corporation or partnership. The designation Grantor and Grantee as used herein shall includ plural, masculine, feminine or neuter as required by context.		
Corporation or partnership. The designation Grantor and Grantee as used herein shall includ plural, masculine, feminine or neuter as required by context. WITNESSETH, that the Grantor, for a valuable consideration p these presents does grant, bargain, sell and convey unto the Grasituated in the City of	le said parties, their heirs, successors, and assigns, and s	shall include singular owledged, has and bor condominium uni
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NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002, 2013 Printed by Agreement with the NC Bar Association − 1981 This standard form has been approved by: North Carolina Bar Association - NC Bar Form No. 3 TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

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

2020 ad valorem real property taxes and subsequent years.

All easements, restrictions and rights-of-way of record, if any.

IN WITNESS WHEREOF, th	e Grantor has duly	y executed the foregoing	g as of the day and year first above written.			
			Willingal Word D'L (SBAL)			
	ntity Name)		Print/Type Name: William Earl Wood, Sr			
Ву:			Branda Sney Wood (SBAL)			
Print/Type Name & Title:			Print/Type Name: Brenda Ivey Wood (SEAL)			
D			. v · · · · · · · · · · · · · · · · · ·			
By:Print/Type Name & Title:			Print/Type Name: (SEAL)			
Rus			40.4			
By:			Print/Type Name:(SEAL)			
State of VC	- County					
I, the undersigned No	tary Public of the	County or City of Haze	nett walke and State aforesaid, certify that			
William Earl Wood, Sr and spou	se, Brenda Ivey Wo	ood	personally appeared before me this day and acknowledged the due			
execution of the foregoing inst November 2	rument for the pu	rposes therein expressed	d. Witness my hand and Notarial stamp or seal this 20th day of			
Trovolinos , D	<u></u>	Marin Marin Marin				
		STADO	\ /			
My Commission Expires:	014-24	SHOWAR	Justin lawlor Notary Public			
(Affix Seal)		Comm. Exp.	Notary's Printed or Typed Name			
State of	Country	10-14-2024				
I. the undersigned No	tary Public of the	Company	and State aforesaid, certify that personally appeared before me this day and acknowledged the due Witness my hand and Notarial stamp or seal this 20th day of			
		COUNT	personally appeared before me this day and acknowledged the due			
execution of the foregoing inst	rument for the pur	rposes therein expressed.	. Witness my hand and Notarial stamp or seal this 20th day of			
, 20)					
My Commission Expires:			Notary Public			
(Affix Seal)			Notary's Printed or Typed Name			
State of	- County o	or City of				
I, the undersigned No	tary Public of the	County or City of	and State aforesaid, certify that			
			personally came before me this day and acknowledged that			
_he is the	of		a North Carolina or			
	corporation/li	mited liability company/	/general partnership/limited partnership (strike through the			
inapplicable), and that by author behalf as its act and deed. With	rity duly given ar ness my hand and	ad as the act of such enti- Notarial stamp or seal, (ity,he signed the foregoing instrument in its name on its this, 20			
My Commission Expires:			Notary Public			
(Affix Seal)			Notary's Printed or Typed Name			

Exhibit "A"

Averasboro Township, Harnett County:

All that tract or parcel of land lying and being in Averasboro Township, Harnett County, North Carolina, situate on the West side of Highway No. 95 and being the eastern portion of Lots Nos. Eleven (11) and Twelve (12) of that certain A. B. Godwin land subdivision as surveyed and platted by Carl H. Walker, Jr., Reg. Engineer, in June 1960, as shown recorded in Map Book No. 9, at Page 60, in the office of the Register of Deeds of Harnett County; and is more particularly described as follows:

BEGINNING at a stake the northeast corner of Lot No. Eleven (11) which point of beginning is the southeast corner of Lot No. 10 in the said A. B. Godwin subdivision and runs thence along the northern boundary line of Lot No. Eleven (11) North 63 deg. 30 min West, a distance of 459 feet to a point in the northern boundary line of said Lot No. Eleven (11), stake, the northwest corner of the lot herein conveyed; thence a new line South 26 deg. and 30 min. West, paralleling the eastern boundary of Lot No. Eleven (11) and Lot No. Twelve (12) a distance of 300 feet to a point in the northern boundary line of Lot No. Thirteen (13) in said A. B. Godwin Subdivision, stake, corner; thence along the southern boundary line of Lot No. Twelve (12) in said A. B. Godwin land subdivision South 63 deg. 30 min. East a distance of 459 feet to a point in the eastern boundary line of Lot No. Twelve (12), which is the southeastern corner of the tract of land herein conveyed; thence along the eastern boundary line of Lot No. Twelve (12) and Eleven (11) North 26 deg. 30 min. East a distance of 300 feet to the BEGINNING. The above described tract of land composes a lot of land 300 feet by 459 feet situate on the West side of the right of way of Interstate Highway No. 95 and fronting 300 feet towards Interstate Highway No. 95.

The foregoing lot of land fronts a road 50 feet wide and running parallel with the eastern boundary line of Lot #11 and Lot No. 12 as a private road of ingress and egress to the lots fronting on said 50 foot roadway, as shown on the map of the said A. G. Godwin subdivision, recorded in Map Book 9, Page 60, in the office of the Register of Deeds for Harnett County.

In the event the said roadway mentioned, which is 50 feet wide, the eastern boundary line of which said private roadway is the western boundary line of Interstate Highway #95 is abandoned, then and in that event the said roadway abutting the aforesaid tract of land on the East measuring 300 feet in length and 50 feet wide becomes that property of the Grantees herein thereby constituting an additional lot of land added to the foregoing described tract of land of 50 feet additional width by 300 feet.

Parcel ID:

0215040064

Address:

134 Old Oak Lane, Dunn, NC 28334

SOSID: 1572880 Date Filed: 2/10/2017 7:19:00 AM Elaine F. Marshall North Carolina Secretary of State

C2017 038 01629

State of North Carolina Department of the Secretary of State

ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

- 1. The name of the corporation is True Quality Homes, Inc.
- 2. The number of shares the corporation is authorized to issue is 100,000.
- These shares shall be all of one class, designated as common stock.
- 4. The name of the initial registered agent is Jonathan Weathers.
- 5. The street address and county of the initial registered office of the corporation is:

15 Atkins Place Circle Fuquay Varina, NC 27526 – Harnett County

7. The corporation has a principal office. The street address and county of the principal office of the corporation is:

15 Atkins Place Circle Fuquay Varina, NC 27526 – Harnett County

8. The number of directors of the corporation may be fixed in the by-laws. The number of persons constituting the initial board of directors shall be one. The name and address of the person who is to serve as the initial director until his successors are elected and qualified are:

Name:

Address:

Jonathan Weathers

15 Atkins Place Circle Fuquay Varina, NC 27526

- 9. Any other provisions, which the corporation elects to include are included in the Bylaws.
- The name and address of each incorporator is Ocie F. Murray, Jr., 2517 Raeford Rd., Fayetteville, NC 28305.
- 11. These articles will be effective upon filing.

This the 16th day of January, 2017.

Ocie F. Murray, Jr., Incorporator