

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

NAME: Cassandra Swenter-Jean EMAIL ADDRESS: Cassief99@gmail.com  
PHONE NUMBER: 704-530-9089  
PHYSICAL ADDRESS: 2216 Docs Rd Lillington NC 27546  
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL): \_\_\_\_\_  
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME: \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT #/TRACT # \_\_\_\_\_ STATE RD/HWY \_\_\_\_\_ SIZE OF LOT/TRACT \_\_\_\_\_

Type of Dwelling:  Modular  Mobile Home  Stick built  Other \_\_\_\_\_

Number of bedrooms: 3  Basement

Garage: Yes  No  Dishwasher: Yes  No  Garbage Disposal: Yes  No

Water Supply:  Private Well  Community System  County

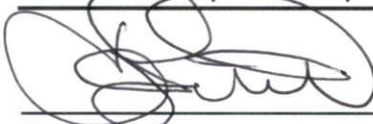
Directions from Lillington to your site: Just moved here.

**In order for Environmental Health to help you with your repair, you will need to comply by completing the following:**

1. 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.
2. 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.

  
Signature

4/13/21  
Date

HOMEOWNER INTERVIEW FORM

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

Have you received a violation letter for a failing system from our office? [ ] YES [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) 1970

Installer of system unknown

Septic Tank Pumper unknown

Designer of System unknown

1. Number of people who live in house? 4 # adults \_\_\_\_\_ # children \_\_\_\_\_ # total \_\_\_\_\_

2. What is your average estimated daily water usage? unknown gallons/month or day \_\_\_\_\_ county 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 N/A

4. When was the septic tank last pumped? 3/8/21 How often do you have it pumped? unknown

5. If you have a dishwasher, how often do you use it? [ ] daily [ ] every other day [ ] weekly N/A

6. If you have a washing machine, how often do you use it? [ ] daily [X] every other day [ ] weekly [ ] monthly

7. Do you have a water softener or treatment system? [ ] YES [ ] NO Where does it drain? unknown

8. 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 NO

15. Are there any underground utilities on your lot? Please check all that apply: unknown [ ] Power [ ] Phone [ ] Cable [ ] Gas [ ] Water

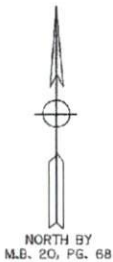
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed? Inspector stated septic needs to be replaced.

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 unknown





NOT TO SCALE  
VICINITY MAP



**CERTIFICATE OF OWNERSHIP, DEDICATION AND JURISDICTION**

I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OR AGENT OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OUR) FREE CONSENT, ESTABLISH THE MINIMUM BUILDING SETBACK LINES AND DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED, AND ALL OF THE LAND SHOWN HEREON IS WITHIN THE SUBDIVISION REGULATION JURISDICTION OF HARNETT COUNTY EXCEPT:

TAX PARCEL ID NUMBER  
OWNER  
OWNER

I HEREBY CERTIFY THAT THE DEVELOPMENT DEPICTED HEREON HAS BEEN GRANTED FINAL APPROVAL FROM HARNETT COUNTY E-911 ADDRESSING, ENVIRONMENTAL HEALTH, PLANNING, PUBLIC UTILITIES, AND THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION. THIS PLAN IS SUBJECT TO ANY AND ALL CONDITIONS STATED BELOW AND IS ELIGIBLE FOR RECORDATION IN THE HARNETT COUNTY REGISTER OF DEEDS WITHIN THIRTY DAYS OF THE DATE BELOW.

911 ADDRESSING - *NA*  
PUBLIC UTILITIES (NOT FOR CONSTRUCTION) - *water & electrical*  
NCDOT - *Chang of use requires re-surveying permit*  
SUBDIVISION ADMINISTRATOR - *Theresa York* DATE - *7-15-20*



I, MELVIN A. GRAHAM, CERTIFY THAT THIS PLAN WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 654 PAGE 662 ETC.); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY AS CALCULATED IS 1: 7500+; THAT THIS PLAN WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 24 DAY OF JUNE, A.D. 2020

Melvin A. Graham  
MELVIN A. GRAHAM, PLS. REGISTRATION NUMBER L-3471

NOTE:  
THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.  
SURVEYOR

STATE OF NORTH CAROLINA  
COUNTY OF HARNETT  
I, *Tammy Clark* REVIEW OFFICER OF HARNETT COUNTY CERTIFY THAT THE MAP OR PLAN TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.  
DATE: *7-15-2020* REVIEW OFFICER: *Tammy Clark*

NOTE:  
THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHT OF WAYS, AND AGREEMENTS OF RECORD PRIOR TO THIS PLAN.

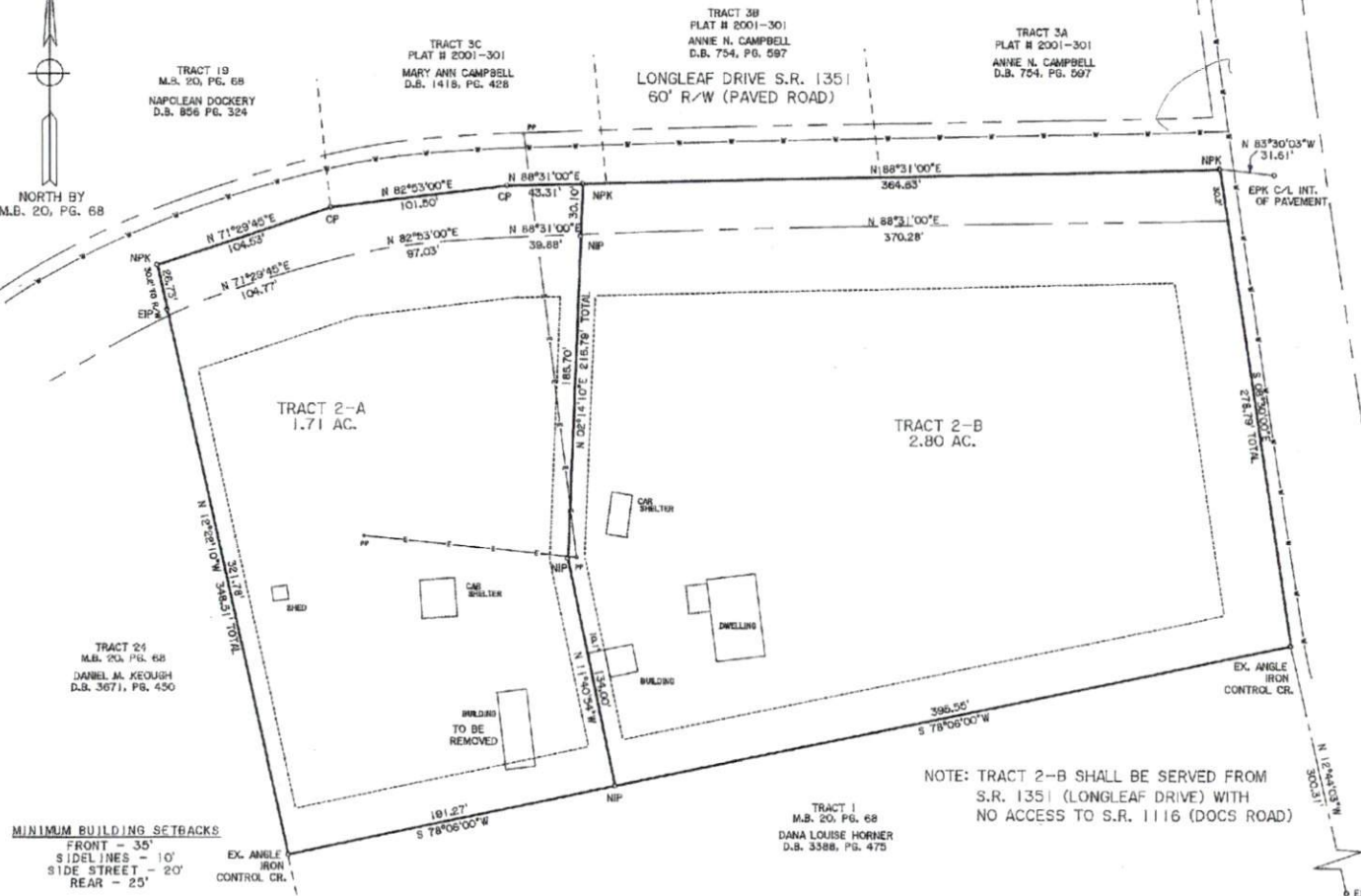
DOCS ROAD S.R. 1116  
60' R/W (PAVED ROAD)

NOTES:  
PROPERTY CONSIST OF ALL OF THE ADA M. SHOVER PROPERTY AS RECORDED IN D.B. 654, PG. 662 HARNETT COUNTY REGISTRY.

ALL AREAS BY COORDINATE METHOD  
PROPERTY ZONED RA-20R  
PROPERTY NOT IN A WATERSHED  
COUNTY WATER & PRIVATE SEPTIC SYSTEM  
PROPERTY IN FLOOD ZONE X  
TOTAL AREA = 4.51 AC.

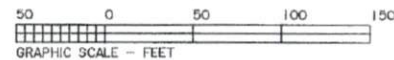
PID # 030507 0205 REID # 0029925  
PIN # 0506-27-4813.000

AREA IN R/W  
TRACT 2-A = 0.17 AC +/-  
TRACT 2-B = 0.25 AC +/-



MINIMUM BUILDING SETBACKS  
FRONT - 35'  
SIDELINES - 10'  
SIDE STREET - 20'  
REAR - 25'

NOTE: NO MORE THAN 5 LOTS ARE CREATED ON A STATE ROAD.



FOR REGISTRATION  
Kimberly S. Harwood  
REGISTER OF DEEDS  
HARNETT COUNTY, NC  
2020 JUL 15 08:48:24 AM  
BK 2020 PG 241-245  
PER 371.08  
INSTRUMENT # 2020011706  
SARTIS

THIS PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD AREA ACCORDING TO MAP NUMBER: 3720050800 OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY. EFF. DATE: 10/03/05

NORTH CAROLINA, HARNETT COUNTY  
PRESENTED FOR REGISTRATION ON THE 15th DAY  
of July 2020 AT 1:49 PM  
RECORDED AT MAP NUMBER 2020-241  
Kimberly S. Harwood, Register of Deeds - Map Clerk

TOWNSHIP BARBECUE	COUNTY HARNETT	STATE NC
MOR SUBDIVISION SURVEY FOR DANA TAPAOAN 95 KNOLLWOOD CAMERON, NC 28326		DATE: 06/24/2020
OWNER: ADA M. SHOVER 2216 DOCS ROAD LILLINGTON, NC 27546		SCALE: 1" = 50'
MELVIN A. GRAHAM, PLS. 3679 NICHOLSON ROAD CAMERON, NC 28326 PHONE (919) 489-6174		PROJECT: 7320
		REVISION:



## On-site Wastewater Inspection

Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address: 2216 Docs Rd Lillington, NC 27546

Buyer Name: Cassandra L. Fuentes Jean

Current owner of Record: Ada Shover

Realtor: Teresa Wolf

Date of Inspection: 03/08/2021

3 Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

N/A Gallons per day for designed system size or number of bedrooms as stated in available local health department information

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

Copy of Operations permit from \_\_\_\_\_ County Environmental Health Attached

Operations permit not available

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

Current Operator's Name \_\_\_\_\_

Most recent performance, operation and maintenance reports are  attached  not available

Type of water supply  Well  Public Water  Community Water  Spring

Location of Septic Tank and septic tank details:

90 ft from house or structure

N/A ft from well if applicable

100+ ft from water line if applicable and readily visible

N/A ft. from property line if said property lines are known

1 ft. distance from finished grade to top of tank or access riser

No Access riser(s)  yes  no Describe

No Tank lids intact  yes  no Describe:

No Tank has baffle wall  yes  no Describe condition of baffle wall:

N/A Inflow to tank is noted as sufficient

N/A Inflow to tank is noted as insufficient or blocked

Yes Water level in tank is relative to tank outlet

No Outlet T is present  yes  no Describe condition of Outlet T: Deteriorated and no longer present

No Outlet has filter  yes  no Describe condition of filter:

Yes Effluent leaves the outlet  yes  no

Yes Roots present in tank  yes  no Describe extent of roots: Roots present in the drain side of tank

No Evidence of tank leakage Describe:

No Evidence of non-permitted connections, such as downspouts or sump pumps

N/A Connection present from house to tank: Waste side of tank is inaccessible to view sewer pipe

Yes Connection present from tank to next component: Distribution Box

50 Percentage of solids in tank

No Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped: 03/08/2021  unknown

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_





Does system have pump tank?  yes (complete blanks below)  no

\_\_\_\_\_ ft from house or structure  
\_\_\_\_\_ ft from well or spring if applicable  
\_\_\_\_\_ ft from water line if applicable  
\_\_\_\_\_ ft. from property line if property lines are known  
\_\_\_\_\_ ft from septic tank  
\_\_\_\_\_ Distance from finished grade to top of tank or access riser  
\_\_\_\_\_ Access risers in place  yes  no  
\_\_\_\_\_ Describe type of access risers: \_\_\_\_\_  
\_\_\_\_\_ Describe condition of tank lids \_\_\_\_\_  
Location of control panel: \_\_\_\_\_  
Condition of control panel: \_\_\_\_\_  
\_\_\_\_\_ Audible and visible alarms (as applicable) work  
\_\_\_\_\_ Pump turns on and effluent is delivered to next component  
\_\_\_\_\_ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system:  Conventional  Accepted  Innovative  Experimental  Controlled Demonstration  Pretreatment; Type of Pretreatment \_\_\_\_\_

Brief Description of System Type: Estimated 150 ft. of Conventional Drain Field

N/A ft. from property line if property lines are known

3 ft from septic/pump tank

2 # of lines

150' length of lines

No Evidence of past or current surfacing at time of inspection

Briefly describe:

No Evidence of traffic over the dispersal field

Yes Vegetation, grading and drainage noted that may affect the condition of the system or system components: Trees

No Effluent is reaching the dispersal field

Conditions present that prevented or hindered the inspection

Adverse conditions present that require repair or subsequent observation or warrants further **evaluation by the local health department**. Description of adverse condition: Original top of septic tank has deteriorated and caved into the tank. A concreted slab has been placed over the original top and access to the waste side is not accessible.

Consequences of the adverse condition:

Client should contact Harnett County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Soil from the original top has fallen into the tank causing it to be 25% full of dirt. Roots have accessed the drain side of tank and growing within. The outlet T has deteriorated and fallen into the tank. The distribution box and lid has deteriorated allowing roots to access the box. Drain Field is not accepting water.

Inspector Name: Boyd J. Bullard Jr. Certification # 25371

Address: 1117 Walker Rd Sanford NC, 27332

Phone: 919-499-1460

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



Inspector Signature: *Boyd J. Bullard Jr.*

Date: 03/08/2020



**Overall View of Septic Tank**



**Drain Side of Septic Tank. (Original Top/Lid Has Fallen in the Tank)**





**Outlet T Deterioration**



**Inside of Septic Tank. (Tank Has No Baffle Wall and Sand Has Partially Filled the Tank)**



**Roots in Septic Tank Along with Part of the Original Top/Lid**



**Distribution Box Deterioration. (The roots in the ground were holding the dirt from falling in)**





**Distribution Box Uncovered. (Roots and some soil in the box. Side of the distribution box also has a hole in it from deterioration)**



**View of the Hole in the Side of the Distribution Box**



**Water Added to Distribution Box. (Drain Lines Not Accepting the Water)**



**Overall View of Septic System Once Covered and Vegetation Over the Drain Field.**





**Back Side View of Septic System and Vegetation Over Drain Field.**

For Registration Matthew S. Willis  
Register of Deeds  
Harnett County, NC  
Electronically Recorded  
2021 Apr 06 08:44 AM NC Rev Stamp: \$ 390.00  
Book: 3963 Page: 883 - 885 Fee: \$ 26.00  
Instrument Number: 2021007595

HARNETT COUNTY TAX ID #  
030507 0205

04-06-2021 BY: EG

Revenue : \$390.00 (For Recording Data)

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Parcel Identifier/Tax Account/PIN No.: 0506-27-4813.000/ PID # 030507 0205

Brief Description for the Index: Tract 2-B, containing 2.80 acres, more or less

Prepared by: Edward W. Scarboro, Jr., Attorney at Law

Return to: Grantee

Property Address: 2216 Docs Road, Lillington, NC 27546

All or a portion of this property  was or  was not used as the primary residence of the Grantor.

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**NORTH CAROLINA GENERAL WARRANTY DEED**

This Deed is made as of this the 29 day of March 2021, by and between **ADA M. SHOVER, UNMARRIED with a mailing address of 95 Knollwood , Cameron, North Carolina 28326 ("Grantors")** and **CASSANDRA L. FUENTES JEAN, MARRIED with a mailing address of 2216 DOCS ROAD, LILLINGTON, NC 27546 ("Grantee")**.

For valuable consideration paid by Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor has and by these presents does hereby grant, bargain, sell and convey unto Grantee in fee simple absolute all of that certain lot, parcel of land or unit of ownership (the "Premises") located in HARNETT County, North Carolina and more particularly described as follows:

**Being all of Tract 2-B, containing 2.80 acres, more or less, as shown on "Minor Subdivision Survey for Dana Tapaoan" dated 6/24/2020 by Melvin A. Graham, PLS and recorded in Map Book 2020, Page 241, Harnett County Registry.**

**The property hereinabove described being a portion of the same property acquired by Grantor in Deed Book 654, Page 662, Harnett County Registry. Donald Ray Shover died on June 12, 2019 in Harnett County, North Carolina. See Estate File Number 19 E 587, Office of the Harnett County Clerk of Superior Court.**

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



ALSO, BEING the same Premises conveyed to Grantor by deed recorded in **Book 654 Page 662 HARNETT** County Registry.

TO HAVE AND TO HOLD all of that interest in the Premises and all privileges and appurtenances thereto belonging to Grantee in fee simple absolute.

And Grantor covenants with 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, and valorem taxes for the year 2021 and subsequent years, easements, restrictions and rights of way of record, if any, affecting the Property herein described; and utility lines, easements and rights of way located over, under or upon the subject property.

**This property is subject to any Restrictive Covenants, Easements, and rights of way of record, if any, recorded in HARNETT County Registry.**

The designation of Grantor and Grantee as used in this Deed includes the parties expressly named herein, their heirs, successors, and assigns and shall include the singular, plural, masculine, feminine or neuter as required by context.

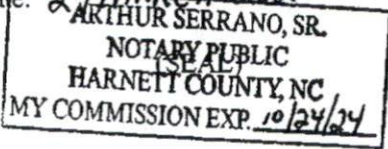
\*\*\*The remainder of this page intentionally left blank.\*\*\*

IN WITNESS WHEREOF, Grantors have hereunto set their hands and seals all as of the day and year first above written.

*Ada M. Shover* (SEAL)  
ADA M. SHOVER

STATE OF NC  
COUNTY OF HARNETT

I, a Notary Public of HARNETT County and State aforesaid, certify that the following person(s) personally appeared before me this day, each acknowledging that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: **ADA M. SHOVER**

Date: 29 MARCH 2021  


ARTHUR SERRANO SR.  
Printed Name of Notary:  
Notary Public  
My commission expires: