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

			dhuis 1@ yako	o. com
		EMAIL ADDRESS: _		
NAME Deborah EARA)	PHONE NUMBER	919-356-6545	
NAME Deborah EARA PHYSICAL ADDRESS 1025 B	ruffalo Lake	Rd, Sanford	NC 27332	
MAILING ADDRESS (IF DIFFFERENT T	HAN PHYSICAL)			
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME			
Lake Crestview			100	re
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 1 No []	Dishwasher: Yes	D] NOTA	Garbage Disposal: Yes [Not
Water Supply: [] Private Well		/ .		
Directions from Lillington to your site: NC 27 to Buffalo Lake RD				
			,	
us at 910-893-7547 to confin Your system must be repaired within letter. (Whichever is applicable.)	map" and "deed to your powing on your survey map and the distribution box wingged, underground utilition that your site is ready a 30 days of issuance of the street of th	oroperty" must be attached to be ill need to be uncovered and ies marked, and the orange so for evaluation. The improvement Permit or to be or to be incovered and incove	o this application. Please inform property lines flagged. After the gn has been placed, you will ne ne time set within receipt of a	n us of any e tank is eed to call violation
By signing below, I certify that all of the denial of the permit. The permit		100		I result in

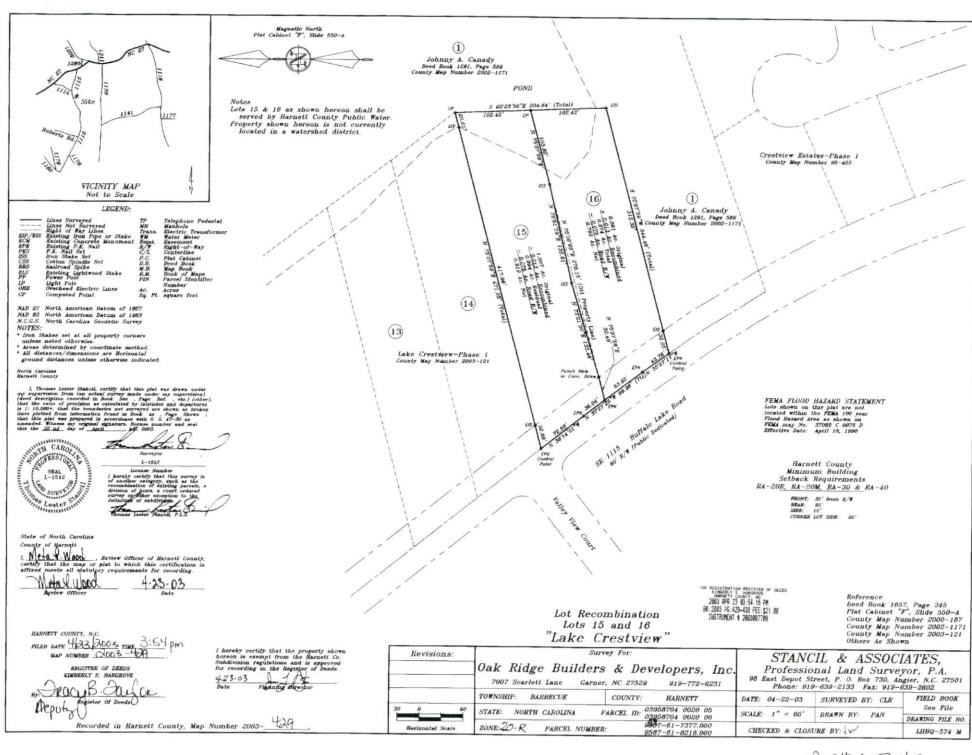
HOMEOWNER INTERVIEW FORM

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.

Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO Year home was built (or year of septic tank installation)			
staller of system			
eptic Tank Pumper			
esigner 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 daycounty			
water. If HCPU please give the name the bill is listed in			
water. If there please give the name the bill is listed in			
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly			
. When was the septic tank last pumped? <u>∠ ∠ / </u> How often do you have it pumped?			
. If you have a dishwasher, how often do you use it? [] daily [x every other day [] weekly			
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 [x] NO Where does it drain?			
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 [] 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			
No			
13. Do you have an underground lawn watering system? [] YES [刈 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 $\mathcal{N} \mathcal{D}$			
15. Are there any underground utilities on your lot? Please check all that apply:			
[/] Power [/] Phone [/] Cable [] Gas [/] Water			
16. Describe what is happening when you are having problems with your septic system, and when was thi			
first noticed?			
Leech line avea is soggy; noticed spring 2021			
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			
rums, and nousehold guests:/[] res [/] no in res, please list			

OPERATIONS PERMIT 03-5-5844

Name: (owner) Johnnic Canaly New Inst	stallation Septic Tank
Subdivision CRESTURE LAKE Lot# 1	5
TAX ID# Quadrant #_	
Contractor: Registration	#
Basement with Plumbing: Garage:	
Water Supply:	
Distance From Well:ft.	
Following are the specifications for the sewage disposal system on above	e captioned property.
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons Pump Tank:	gallons
Subsurface No. of exact length width of of each ditch ft. ditches	depth of 1824 in.
French Drain: Linear feet	
PERMIT NO. 1991) Inspected by: Enviro	onmental Health Specialist
and the state of t	Bond





__ page _____.

03	4587 04 0020 05	2005 JUL 07 12:1: BK:2101 PG:937-939		
2/2/	OS BY KHD	INSTRUMENT # 200	C Markey Theoretical (
7	NORTH CAROLINA GENE	RAL WARRANTY D	EED	
Excise Tax: \$ 0.00				
Parcel Identifier NoBy:	Verified by	County on the	day of,	20_
Mail/Box to: K. Douglas Bar	rfield, 2018 Ft. Bragg Road, Suite 11	0, Fayetteville, NC 28303		_
This instrument was prepared	by: K. Douglas Barfield, 2018 Ft. B	ragg Road, Suite 110, Faye	tteville, NC 28303	
Brief description for the Inde				
THIS DEED made this 25th	day of May , 20 05, by	and between		
GRANTOR		GR	ANTEE	
Geoffrey Kent Buie, unmarri	ed	Deborah Buie		
Dana Ashley Buie, unmarried		1025 Buffalo Lake Road		
*		Sanford, NC 27332		
	Grantee as used herein shall include sa eminine or neuter as required by conto		ssors, and assigns, and shall in	clude
WITNESSETH, that the Gran and by these presents does gra in the City of Sanfor	ntor, for a valuable consideration paid ant, bargain, sell and convey unto the (Grantee in fee simple, all tha	t certain lot or parcel of land sit	tuated
more particularly described a	s follows:	Township, Harnett	County, North Carolin	na and
BEING ALL OF LOT 15, in	a Subdivision known as "LAKE CRE	ESTVIEW", according to a	Map of same duly recorded in	n Mai
Book 2003, Page 121, Harnet	t County Registry, North Carolina.			
OF OUR FATHER KENNE	EED IS TO TRANSFER ANY INTE TH BUIE, IN THE ABOVE DESCR	REST WE MAY HAVE R	ECEIVED DUE TO THE DI	EATH
HEREIN. IT IS OUR INTEN	NTION THAT SHE HAS ALL INTE	REST IN THE PROPERTY	Y.	EE
The property hereinabove des	scribed was acquired by Grantor by in	nstrument recorded in Book	page	

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HARNETT COUNTY TAX ID#

A map showing the above described property is recorded in Plat Book

NC Bar Association Form No. L-3 © 1976, Revised © 1977, 2002

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: Ad valorem taxes. Restrictions and easements of record.

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

	(SEAL)
(Entity Name)	GEOFFREY KENT BUIE
D	Mr. Ma Dheu Linda
Title:	DANA ASHLEY BUIE
By:	(SEAL)
Title:	(GLAL)
Ву:	(SEAL)
Title:	(GEAL)
State of North Carolina - County of Cumberland	
	d State aforesaid, certify that DANA ASHLEY BUIE
	personally appeared before me this day and
acknowledged the due execution of the foregoing instrume	nt for the purposes therein expressed. Witness my hand and Notarial
stamp or seal this 25th day of May	_, 20 <u>0</u> 5
1 - 1	n. A
My Commission Expires: 0 - 5-06	Myrian Viguero
	Notary Public
With the United States Armed Forces stationed at	
I, the undersigned officer, do hereby certify t	hat on this 5 day of June 2005 GEOFFREY
KENT BUIE personally appeared before me and who	is known to me to be a U.S. Armed Forces member on active
	r on Active Duty the identical persons who are described in,
	and executed the foregoing instrument, and having first made
	acknowledged to me that they signed the same, on the date it
	, for uses, purposes, and considerations therein set forth. I do
	te a commission officer of the grade, branch of service, and
	Forces, that this certificate is executed by me in that capacity,
and by statute no seal is required.	~
	he c
OFFICIAL SEAL	nature
Notary Public, North Carolina	14-17-3422, 2L+ USAF
County of Cumberland SS#	Rank, Branch
Myriam Figueroa & 39	1 MSFS, SFOK, Malastrom AFB
My Commission Expines 2-5-0 GR Office	ce Symbol, Base
RI	da 500, Malmstrom AFB 59402
to a contract the contract to	rest
Authority: N.C. Gen. Stat. Sec. 47-2 to -2.1 (1984)	GRANTED BY TITLE 10 U.S. CODE SECTION 1044 A
MT OFFICIAL CAPACITY UNDER THE AUTHORITY	GRANTED BY TITLE 10 U.S. CODE SECTION 1044 A
The foregoing Certificate(s) of	
	e are duly registered at the date and time and in the Book and Page shown
on the first page hereof.	
Register of Deeds	
Ву:	Deputy/Assistant - Register of Deeds
NC Bar Association Form No. L-3 @ 1976, Revised @ 197	7, 2002
Printed by Agreement with the NC Bar Association - 1981	