

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: DJ200629@yahoo.com

NAME David Jeffords PHONE NUMBER 919-753-7037

PHYSICAL ADDRESS 41 Dover Ct W. Sanford N.C. 27332

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

Highland Forest 11 0.38 ac
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: Rt 27W to Tingen rd (Left on Tingen) to
Lancing Ct. (Rt on Lancing) to Highland forest (Left on Highland Forest to
Dover Ct W (Rt on Dover Ct W).

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.

David Jeffords
Signature

8-5-21
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 NO

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) 2005

Installer of system ~~Tom~~ Ted Brown

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults 3 # children 5 # 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 David Jeffords

3. If you have a garbage disposal, how often is it used? daily weekly monthly

4. When was the septic tank last pumped? July 1st 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 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

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

16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?

Tank flows up into yard when showering or washing machine is running

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 showers or washing machine

Running

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

16667

HTE 04-5-10473

OPERATIONS PERMIT

Name: (owner) Kent Pierce

New Installation Septic Tank

Property Location: SR# 1141

Repairs Nitrification Line

Subdivision Highland Forest

Lot # 11

Tax ID # _____

Quadrant # _____

Contractor: Ted Brown

Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other Quick 4 Chamber System

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

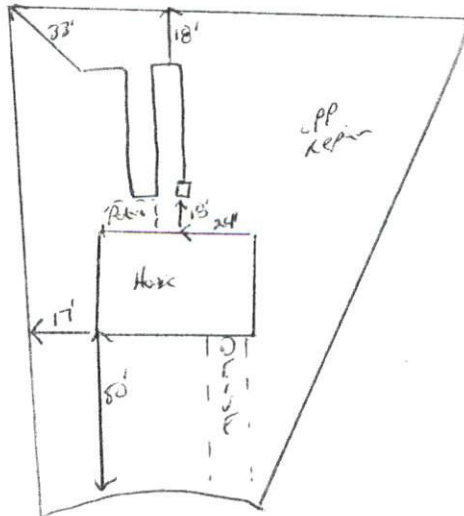
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 80^{0m}/20 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 3/1/2005

Inspected by: Dan McJunkin
Environmental Health Specialist

PERMIT NO. 21338



HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-10473

IMPROVEMENT PERMIT

21338

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Kent Pierce New Installation Septic Tank
Property Location: SR# 1141 Repairs Nitrification Line

Subdivision Highland Forest Lot # 11

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (40x50) Lot Size: .38 Acre

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

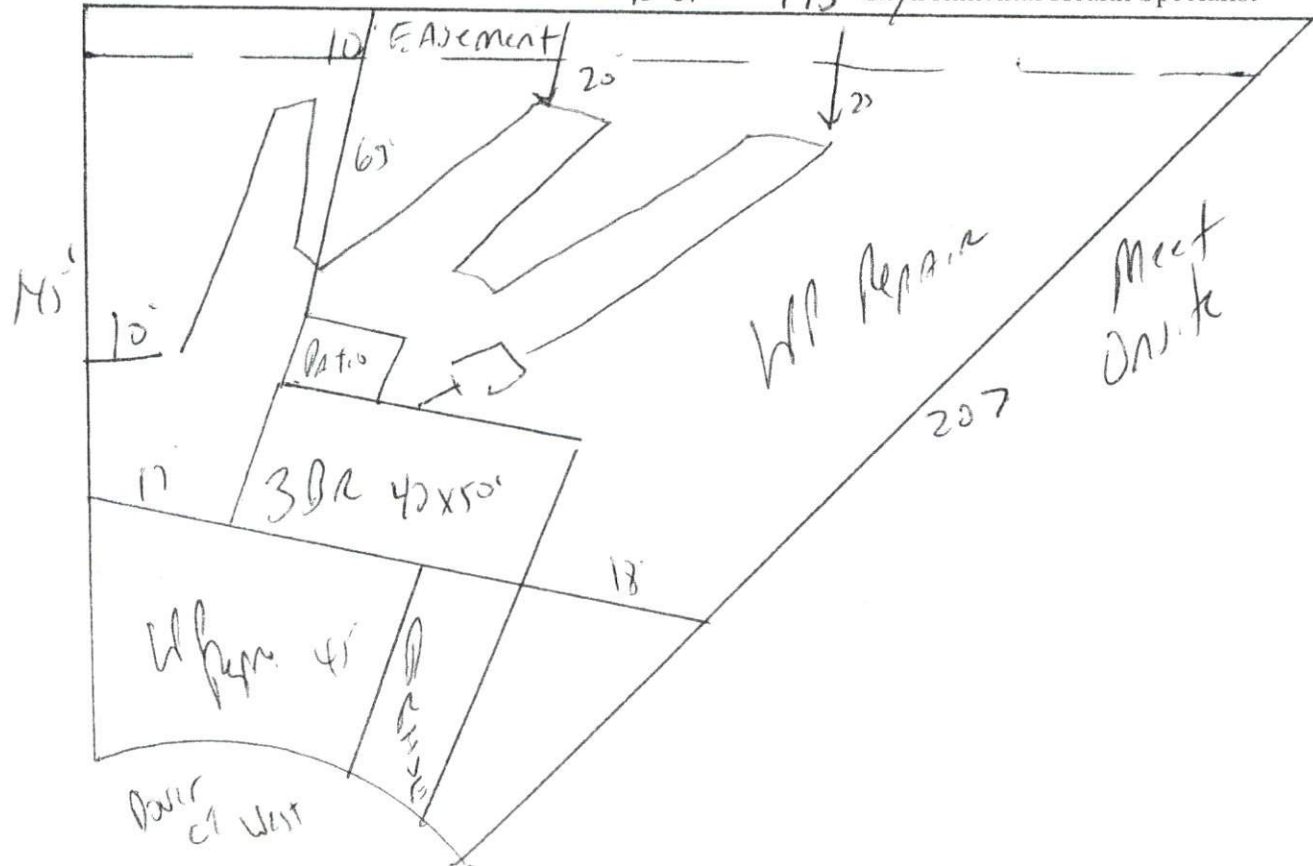
Type of system: Conventional Other 25% Reduction SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 150 ft. ditches 3 ft. ditches 18x4 in.

French Drain Required: _____ Linear feet of 25% Reduction SYSTEM
Date: 10-04-04

This permit is subject to revocation if site No. 1141 Signed: Jon Warr
plans or intended use change. 10-01-04 173 Environmental Health Specialist



AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21338. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

Name Kent Pierce Telephone # _____

Address _____

Property Location SR# 1141 Road Name _____

Subdivision Highland Forest Lot # _____ # Bedrooms Proposed _____ Lot Size _____

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other 25% Reduction SYSTEM
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 150 Ft.
Width of ditches 3 ft. Depth of ditches 18.24 inches 25% Reduction SYSTEM
French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

Signature of Authorized Agent for Harnett County Joe West RS

Date 10-04-04

MAP # 2003-1165

(IN FEET) 1 inch = 100 ft



GRAPHIC SCALE
 FILE NAME: NPS ASSOCIATES
 JOB #03066
 SCALE: 1" = 100'
 PHONE: 919-693-6252
 1682 CLARK RD., LITTLETON, N.C. 27546
 DATE: NOVEMBER 24, 2003
BENNETT SURVEYS, INC.
 PREPARED BY
 BARBEQUE TOWNSHIP, HARRETT COUNTY, NC
 NPS ASSOCIATES

PREPARED FOR
PINAT PLAT
 PREPARED FOR
HIGHLAND FOREST

NOTICE: THIS PLAT HAS BEEN RECALCULATED BY A PROFESSIONAL SURVEYOR AND IT APPEARS TO BE CORRECT. HOWEVER, THE SURVEYOR HAS NOT CONDUCTED A RE-SURVEY OF THIS PLAT. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PLAT AND HAS FOUND THAT THE INFORMATION CONTAINED THEREIN IS CORRECT. THE SURVEYOR HAS NOT CONDUCTED A RE-SURVEY OF THIS PLAT. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PLAT AND HAS FOUND THAT THE INFORMATION CONTAINED THEREIN IS CORRECT. THE SURVEYOR HAS NOT CONDUCTED A RE-SURVEY OF THIS PLAT. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PLAT AND HAS FOUND THAT THE INFORMATION CONTAINED THEREIN IS CORRECT.

NOTE: NEW IRON STAKES SET @

DATE: 11-25-05
 APPROVED: [Signature]
 P. R. STONE
 DIVISION OF HIGHWAYS
 CONSTRUCTION STANDARDS CERTIFICATION

INSTRUMENT # 2002024933
 2003 DEC 04 02:24:31 PM
 2003 DEC 04 02:24:31 PM
 2003 DEC 04 02:24:31 PM
 2003 DEC 04 02:24:31 PM

SECTION I	SECTION II	SECTION III	SECTION IV
2	28	79	127
ZONED - R-20R	ZONED - R-20R	ZONED - R-20R	ZONED - R-20R
60' R/W	60' R/W	60' R/W	60' R/W
NORTHVIEW DRIVE	GREEN SPRING DRIVE	GREEN SPRING DRIVE	GREEN SPRING DRIVE
1	80	81	128
2	82	83	129
3	84	85	130
4	86	87	131
5	88	89	132
6	90	91	133
7	92	93	134
8	94	95	135
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HARNETT COUNTY TAX ID #
03958710 0020 51

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2020 Sep 16 12:44 PM NC Rev Stamp: \$ 350.00
Book: 3868 Page: 509 - 510 Fee: \$ 26.00
Instrument Number: 2020016525

09-16-2020 BY: SB

NORTH CAROLINA GENERAL WARRANTY DEED

File No.: AL-31864-20-RY

Excise Tax: \$350.00

Parcel Identifier No. 9586-99-8139.000 Verified by _____ County on the ____ day of _____, 20____
By: _____

Mail/Box to: Single Source Real Estate Services, Inc., 2919 Breezewood Ave., Suite 300, Fayetteville, NC 28303

This instrument was prepared by: Lakhiani Law, PLLC, 2919 Breezewood Avenue, Suite 300, Fayetteville, NC 28303

Brief description for the Index: Lot 11, Highland Forest

THIS DEED made this 14th of August, 2020, by and between

GRANTOR	GRANTEE
Michael T. Smith and wife, Eliana Smith 57 Hampton Circle Niceville, FL 32578	David Jefferds *a single man 41 Dover Court West Sanford, NC 27332

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

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, parcel of land or condominium unit situated in the City of Sanford, Barbecue Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 11, in a subdivision known as Highland Forest, and the same being duly recorded in Plat Book 2003, Page 1163-1165 (1165), Harnett County Registry, North Carolina.

Parcel ID: 9586-99-8139.000

Property Address: 41 Dover Court West, Sanford, NC 27332

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2414 page 860.

Submitted electronically by "Single Source Real Estate Services"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.
NC Bar As: Printed by,

All or a portion of the property herein conveyed a includes or b does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 2003 page 1163-1165 (1165).

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:

Subject to restrictive covenants, easements and rights-of-way as they may appear of public record.
Subject to ad valorem taxes which are a lien but not yet due and payable.

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

Michael T. Smith (SEAL)
Print/Type Name: Michael T. Smith
Eliana Smith (SEAL)
Print/Type Name: Eliana Smith

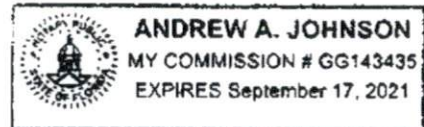
State of Florida - County of Okaloosa

I, the undersigned Notary Public of the County and State aforesaid, certify that Michael T. Smith and Eliana Smith personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 17th of August, 2020.

My Commission Expires: 9-17-2021

- Physical Present
- Online Notarization
- Personally Known
- Produced Identification

Andrew A. Johnson
Notary Public



The foregoing Certificate(s) of _____ is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

By: _____ Register of Deeds for _____ County
Deputy/Assistant - Register of Deeds