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: <u>rrcullen13egmail.com</u>

NAME Kachel Culter	\	PHONE	NUMBER_	110354-7207
PHYSICAL ADDRESS 87 Wa	can Ct. G	ast Sa	inferd	NC
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) 8 Wilshire Lane PINCHUBLUC 2837				
IF RENTING, LEASING, ETC., LIST PROPER	TY OWNER NAME			~
SUBDIVISION NAME	LOT #/TRACT #	STAT	TE RD/HWY	SIZE OF LOT/TRACT
	Mobile Home	[] Stick built	[] Other	
Number of bedrooms [] Ba	asement			
Garage: Yes [ʔ] No []	Dishwasher: Yes	[] No []		Garbage Disposal: Yes No []
Water Supply: [] Private Well	[] Community Sy	stem	M.County	
Directions from Lillington to your site: _				
1. A <u>"surveyed and recorded map"</u> wells on the property by showin	and "deed to your p	property" must b	ill need to co be attached to	mply by completing the following: this application. Please inform us of any
The outlet end of the tank and the uncovered, property lines flagge	he distribution box wed, underground utilit	ill need to be un ies marked, and		roperty lines flagged. After the tank is In has been placed, you will need to call
us at 910-893-7547 to confirm t Your system must be repaired within 30 letter. (Whichever is applicable.)			t Permit or th	e time set within receipt of a violation
By signing below, I certify that all of the the denial of the permit. The permit is su				

Signature

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] 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)
 Number of people who live in house?# adults
 If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped? How often do you have it pumped? Weekly If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [] monthly 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
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? Describe what is happening when you are having problems with your septic system, and when was this first noticed?
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
* Henre molement an inspection for due delligence. Comenty metr contract to be sold.

HTE 04-5-8815

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

16748

OPERATIONS PERMIT

Name: (owner) Caviner) Lond	New Installation Septic Tank			
Property Location: SR# 1/4	☐ Repairs Nitrification Line			
Subdivision Highland Forest	Lot # 102			
Tax ID #	Quadrant #			
Contractor: DC CARTIA	Registration #			
Basement with Plumbing:				
Water Supply:				
Distance From Well: 55 ft.				
Following are the specifications for the sewage disposal system o	n above captioned property.			
Type of system:	who. 577 750 GETIZZ Flow			
Size of tank: Septic Tank: Septic Tank: Pump T	Fank:gallons			
Subsurface No. of exact length width of ditches depth of ditches ft. depth of ditches ft.				
French Drain Required:Linear feet				
Date:_	12.22.04			
	ed by: Environmental Health Specialist			
W66 1000 1000 1000 1000 1000 1000 1000 1	i White			

HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-88 15

IMPROVEMENT PERMIT

20699

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) LAVINESS LANC New Installation Septic Tank Property Location: SR#_[14] Nitrification Line ☐ Repairs Subdivision Highland toput Lot # /02 Tax ID# Quadrant # Number of Bedrooms Proposed: 3(51×52) Lot Size: 035 AC Garage: 💆 Basement with Plumbing: 2 Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% Reduction SYSTEM Conventional Type of system: Septic Tank: 1005 gallons Pump Tank: gallons Size of tank: Subsurface No. of exact length width of depth of ditches 1824 in. ditches 3 ft. of each ditch 7) ft. ditches Drainage Field French Drain Required: _____Linear feet of 27%. Reduction STIFFM Date: 3-19-04 Environmental Health Specialist This permit is subject to revocation if site Signed: plans or intended use change. Meet ansite 10' DRAWAGE EASINEA 121 DQ.VE Rd If Wing Charby Must place washed STONE Along Sides To Prevent clopping

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH 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 # 20699. 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.				
CAVINGS LAND				
Name Telephone #				
Address				
Property Location SR# Road Name				
Property Location SR# Road Name				
High Land Forest 102 3(5/x52) 35 ac Subdivision Lot # Bedrooms Proposed Lot Size				
Subdivision Lot # # Bedrooms Proposed Lot Size				
TVPE OF SYSTEM				
New Installation [] Repair Septic Tank [Nitrification Lines				
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other Other South Septic Tank Septic T				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well [] Wublic Water Supply Minimum Well Setback:Ft.				
Septic Tank gal Pump Chamber gal				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields / # of lines per field 2 Length of lines Ft				
Number of fields / # of lines per field / Length of lines Ft. Width of ditches / Rd inches / 25% Reduction				
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.				
yor WSTRS 03-19-04				
Signature of Authorized Agent for Harnett County Date				

DUUTU - 1 120

HARNETT COUNTY TAX ID # 03958711 0020 43

For Registration Matthew S. Willis
Register of Deeds
Harnett County, NC
Electronically Recorded
2021 Feb 26 12:12 PM NC Rev Stamp: \$ 0.00
Book: 3945 Page: 129 - 131 Fee: \$ 26.00
Instrument Number: 2021004424

02-26-2021 BY: EG

Commitment Number: 28091030 Seller's Loan Number: 0571748631

NORTH CAROLINA QUITCLAIM DEED

xcise Tax:0.00 Recording Time, Book and Page				
Exempt: Section 105-228.29(5): This deed is exempt from transfer tax pursuant to North				
I Identifier No. 03	-9587-11-002043			
ty on the	day of			
and Rachel R. C	ullen, 8 WILSHIRE LN.,			
PINEHURST, NC 28374				
g, Esq., (Bar Nun	nber:50013), a licensed North			
ion Centre Blvd.,	Suite 350, West Chester, Ohio			
	taxes to be paid by closing			
attorney/settlement agent upon disbursement of closing proceeds to the county tax collector.				
f closing proceeds	to the county tax collector.			
	to the county tax collector. instrument prepared by Jay A.			
the preparer. This without title exam	instrument prepared by Jay A. nination.			
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the preparer. This without title exan , 20,21 , by and	instrument prepared by Jay A. nination. between			
the preparer. This without title exan , 2021 , by and Richard R. Cu	instrument prepared by Jay A. nination. between GRANTEE Ilen, IV and Rachel R.			
the preparer. This without title exam, 2021, by and	instrument prepared by Jay A. nination. between GRANTEE Ilen, IV and Rachel R.			
the preparer. This without title exam, 2021, by and	instrument prepared by Jay A. nination. between GRANTEE Ilen, IV and Rachel R.			
the preparer. This without title exam, 2021, by and	instrument prepared by Jay A. nination. between GRANTEE Ilen, IV and Rachel R.			
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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.

Commitment Number: 28091030

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER 03-9587-11-0020--43

NORTH CAROLINA QUITCLAIM DEED

Exempt: Section 105-228.29(5): This deed is exempt from transfer tax pursuant to North Carolina Code Section 105-228.29(5) because this conveyance is a gift.

Richard Cullen, A/K/A Richard R. Cullen, IV, grantor, a married man, for \$0.00 (Zero Dollars and Zero Cents) in consideration paid, grants and quitclaims to Richard R. Cullen, IV and Rachel R. Cullen, husband and wife, as Joint Tenants with Right of Survivorship, hereinafter grantees, whose tax mailing address is 8 WILSHIRE LN., PINEHURST, NC 28374, the following real property:

BEING ALL OF LOT 102, IN A SUBDIVISION KNOWN AS HIGHLAND FOREST, AS RECORDED IN MAP NUMBER 2003-1165, HARNETT COUNTY REGISTRY, NORTH CAROLINA.

Said property having been previously acquired by Grantor by: Official Records Book 3126, Page 48

The real property described above is conveyed subject to the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behalf of the grantees forever.

JUUTU - 1 101

Executed by the undersigned on	EG 18 , 20 21:
Richard Cullen, A/K/A Richard R. Cullen, IV	lathout later to

STATE OF NC

COUNTY OF <u>Moore</u>
The foregoing instrument was acknowledged before me on <u>February 18</u>, 20 21 by Richard Cullen, A/K/A Richard R. Cullen, IV who are personally known to me or have produced <u>Order License</u> as identification, and furthermore, the aforementioned persons have acknowledged that their signatures were their free and voluntary act for the purposes set forth in this instrument.

AKILI S ARNETTE Notary Public - North Carolina Cumberland County My Commission Expires Jan 18, 2025

Notary Public

