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: Sala	war hilda 2000@ gmail.com
NAME Hida Salazar : V. F.	iené Ibarra	PHONE	NUMBER 801	0-2524625
PHYSICAL ADDRESS 3689 OLD	Stage Rd	N. An	gier, NC	21501
MAILING ADDRESS (IF DIFFFERENT THAN	PHYSICAL)			
IF RENTING, LEASING, ETC., LIST PROPER	TY OWNER NAME			·
SUBDIVISION NAME	LOT #/TRACT #	STAT	TE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular []	Mobile Home	Stick built	[]Other <u>W</u> e	think it is stick built
Number of bedrooms 3 [] B	asement			
Garage: Yes [] No []	Dishwasher: Yes	/No[]		Garbage Disposal: Yes [] No [/
Water Supply: [] Private Well	Community Sys	tem	[] County	
Directions from Lillington to your site:	Take 421 tow	ands Comp	phetl, Turn	Left on Leslie Campbell Ave
take 2nd exit and stay or	Leslie Camp	bell Ave,	Turn lef	on Uld Stage Rd. N.
Continue on Old Stag	e Rd. Des	strator	will b	e on left.

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

- 1. A <u>"surveyed and recorded map"</u> and <u>"deed to your property"</u> 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 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.

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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 [V] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [JNO
Year home was built (or year of septic tank installation) 2006
Installer of system Not Sure. We are not original owners.
Septil Talle Pulliper Carollina Frask and Stoffe Table 1945 year of the having Ci C
Designer of SystemBackhoe : Sephi
1 Number of people who live in house? # adults # children # total three
1. Number of people with me and
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
 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? The hourt S How often do you have it pumped? About 5 yrs ago
4. When was the septic tank last pumped? To manhs How often do you have it pumped? How 5 yrs ago
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?
No unless it is what I am using to clean. For example Clorox.
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 gutters, moisture barrier
15. Are there any underground utilities on your lot? Please check all that apply: In crawlspace.
[] 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?
We just noticed that after doing several loads of laundry, there was a little but of water at the end of the tank.
was a little but or water at the End of the tank,
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy
rains, and household guests?) [TYES [] NO If Yes, please list washing clothes.

H RNETT COUNTY HEALTH DEPARMENT ENVIRONMENTAL HEALTH SECTION

18716

OPERATIONS PERMIT

Name: (owner) A.L. CHARRION	New Installation K Septic Tank Repair
Property Location: SR# 1006 OLD STAGE RD Subdivision HILLIAM B. RM Lot # 1 Tax ID #	Nitrification Line
	Registration #
Basement with Plumbing: Garage: Garage:	
Water Supply: ☐ Well ☒ Public ☐ Community Distance From Well: ft.	
Following are the specifications for the sewage dispos	sal system on above captioned property.
Type of system: Conventional Other O	
Size of tank: Septic Tank: 1000 gallons Pun	np Tank: gallons
Subsurface No. of exact length Drainage Field ditches of each ditch	35 ft. ditches 3 ft. ditches 24 in.
French Drain Required: Linear feet	Date: 9 13 06
PERMIT NO. 22097	Inspected by:
Ci SRIC	20%
52 1000 8	So'x HY So'x HY DS7' NOVATIVE REPAIR AREA

HAI TT COUNTY HEALTH DEPART TINT

HTE 05-50012745

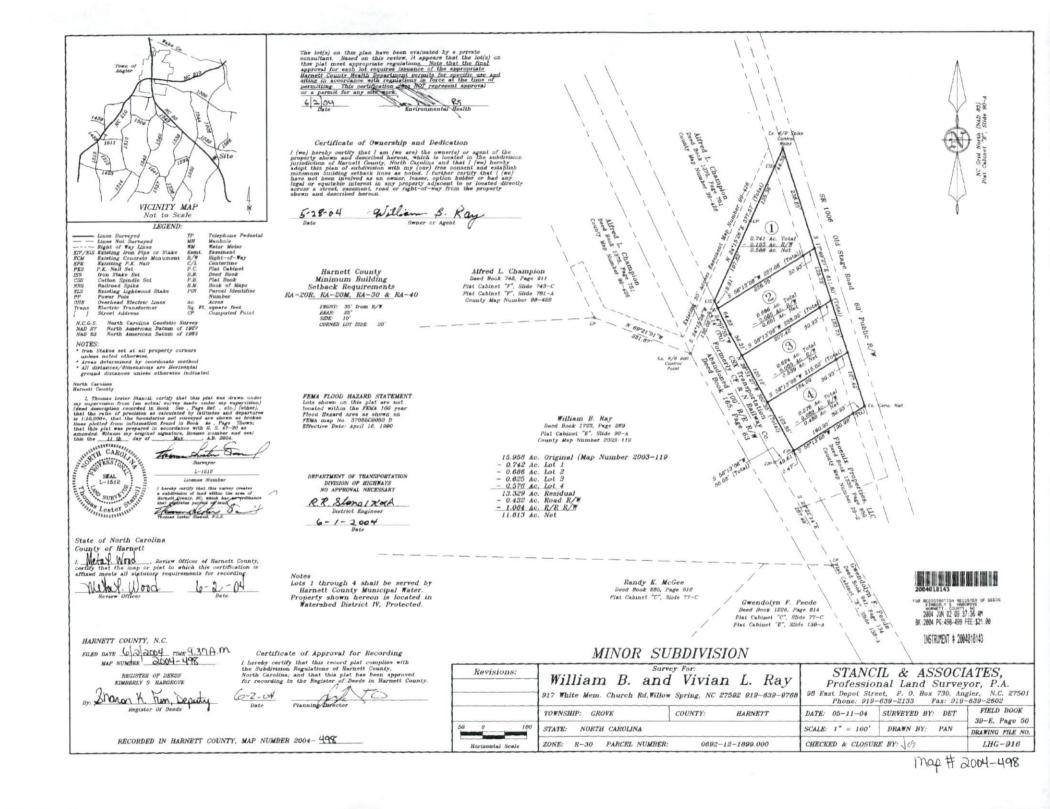
IIVIPROVEMENT PERMIT

22097

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) A.L. CHAMPION New Installation Septic Tank Property Location: SR# 1006 Ow STAGE Ro Repairs Nitrification Line ___ Lot # 1 Subdivision WILLIAM B. RAY Ouadrant # Tax ID # 3 (36090) Lot Size: .61AC Number of Bedrooms Proposed: Garage: П Basement with Plumbing: ☐ Well 7 Public ☐ Community Water Supply: Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. A Other 25% REDUCTION SYSTEM Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches 3 ft. ditches of each ditch 225 ft. ditches 24 in. Drainage Field French Drain Required: Linear feet Date: LES (OLIVER TOLKS DOO This permit is subject to revocation if site Signed: plans or intended use change. 236' Environmental Health Specialist OLD STAGE RD 60' RW 60 50 *MAINTAIN ALL SETBROKS CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION INNOVATIVE REPAIR 357 AREA

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU [ORIZATION TO CONST | ICT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22097 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.
A. L. CHAMPION 919-625-4822
Telephone #
Address Address
Property Location SR# OLD STAGE RD
Road Name
Road Name Name Subdivision Lot # Bedrooms Proposed Lot Size Road Name
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
Conventional MOther 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field I Length of lines 225 Ft.
Width of ditches ft. Depth of ditches inches
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 Hamett County Date



HARNETT COUNTY TAX ID # 040692 0058 02

08-11-2016 BY: SB

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2016 Aug 11 03:46 PM NC Rev Stamp: \$
336.00
Book: 3428 Page: 238 Fee: \$
26.00
Instrument Number: 2016011323

NORTH CAROLINA GENERAL WARRANTY DEED

Recording Time, Book and Page: Excise Tax: \$336.00 Tax Map No. Parcel Identifier No: 040692 0058 02 Mail after recording to: Lynn A. Matthews, 111 Commerce Drive, Dunn, NC 28334 This instrument was prepared by: Lynn A. Matthews, Attorney THIS DEED made this 25th day of July , 2016 by and between GRANTOR Chelsea Katrina Rosell, Unmarried and, Regina L. Rosell, Unmarried Mailing Address: 473 Timber Meadow Lake Drive, Fuquay Varina, NC 27526 GRANTEE Venancio Rene Ibarra and wife, Hilda Yolanda Salazar Property Address: 3689 Old Stage Road, Angier, NC 27501 Mailing Address: P.O. Box 3659, Buies Creek, NC 27506

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 or parcel of land and more particularly described as follows:

BEING all of Lot 1 as shown on that certain map of survey entitled "Minor Subdivision Survey for: William B. and Vivian L. Ray", dated 05-11-04, prepared by Stancil & Associates, Professional Land Surveyor, P.A. and recorded 06-02-04 in Map #2004-498, Harnett County Registry, reference to which is hereby made for greater certainty of description.

This lot is conveyed subject to the Restrictive Covenants recorded in Book 2321, Page 156, Harnett County Registry

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All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 3329, Page 948, Harnett County Registry.

A map showing the above described property is recorded in Plat Book __2004_ , Page __498_ , and referenced within this instrument,

Does the above described property include the primary residence (yes/no)? No

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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

- 1. 2016 ad valorem taxes which are not yet payable
- 2. Restriction, easements and rights of way as they appear of record

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

(Entity Name)	Chelsen K Rosell Chelsen Katrina Rosell, Unmarried Chelsen Katrina Rosell, Unmarried	_ (SEAL
Title:	ReginalL. Rosell, Unmarried	_ `
		_ (SEAL
Title:		(SEAI
STATE OF NORTH CAROLINA	COUNTY OF Harnett	
I certify that the following person(s) personally a that he or she signed the foregoing document: Chelsea Katrina Rosell	ppeared before me this day, each acknowledging to me	
Dated: 8/11/16	Notary Public (7/3:/)	
A. MATTHE	My Commission Expires: 5/3/64/	
NOTARY		

STATE OF WISIANA

COUNTY OF LASE PATENT RELIEUT

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Regina L. Rosell

Dated: 7/15/16

Notary Public

My Commission Expires: Whi word

LAUREN ASHLEY BYNUM LSBA #34473 NOTARY PUBLIC #133584 STATE OF LOUISIANA My Commission expires at death