EH2203-0007

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:		
NAME Maranda Ti	1164	PHONE NUMBER	148-299-	7056
PHYSICAL ADDRESS_\5 CO	meron Pine	5 26 5	Sanford	27332
MAILING ADDRESS (IF DIFFFERENT T				1 4 2
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME			
Camelon Pines	LOT #/TRACT #	STATE RD/HWY	SIZ	ZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home	tick built [] Other		
Number of bedrooms 3				,
	Dishwasher: Yes [/] No		Garbage Dispo	sal: Yes [] No []
Water Supply: [] Private Well	Community System	[\]County		
Directions from Lillington to your sit	e: HWY 27	to Buffa	10 lakes	Rd.
left on B.L				and the second was
Cameran Pines	dr. First	house	on co	rer

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.

Signature

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)
1. Number of people who live in house? 3 # adults 5 # children # total 2. What is your average estimated daily water usage? 5,000 gallons/month or day have tounty water. If HCPU please give the name the bill is listed in Marcanda Tilley
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? 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
 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
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed? 4 580+5 0+ Water Come up in the Yard + 8 5mell it then decines. Notice a 5 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?) [YYES [] NO If Yes, please list when we are using the washing clothes, Showers

	Harnett County Department of Public Health 20416 PERMIT # 24963 New Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: \\ \[\begin{array}{c ccccccccccccccccccccccccccccccccccc
	Name: (owner) Wynn Const SUBDIVISION Consens five) System Installer: Core Collect Registration # Basement with plumbing: Garage Solumber of Bedrooms Type of Water Supply: Community Solumber of Bedrooms Type of Water Supply: Community Solumber of Bedrooms Types V and VI Systems expire in 5 years.
	Cover Brown has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	TO R
	Repair Arm cover
	De Tr
	NY NY
	PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Maintenance: As required by Rule .1961. Other:
	Subsurface system operator required? Yes \(\sigma\) No \(\sigma\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:
	V. Other:
	Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Conventional Souther Convention Souther Conventional Souther Convention Souther Convention Souther Conventi
-	Authorized State Agent 12.17.08

HTE#08-700-200701

Harnett County Department of Public Health

24963

Improvement Permit

i i	A building permit cannot be issued with only an Improvement	Permit
MINES TO 11.	PROPERTY LOCATION: 115	0
ISSUED TO: WALL CONT.	SUBDIVISION CAMERON	
NEW SEPAIR EXPANSI Type of Structure: SEO - (a3 x 38 -		quired prior to Construction Authorization Issuance:
	30a	
Proposed Wastewater System Type: Purp 75 2	The red Sylow	
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occu		
Basement Ses Seno	pants max	
	uired based on final location and elevations of facilities	
Type of Water Supply: Community Public	☐ Well Distance from well 10.5 feet	Permit valid for: See Five years
M . I A	- Final Lays -+ mint	
MWT BRIN in 8 to 12".	1 Approved Cover soil	The september
	7 177	
Authorized State Agent::	Date: 8-19-08	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The permit holder is responsible for che	ecking with appropriate governing bodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition		ership of the site. This permit is subject to compliance with the provisions of
the can's and roles for sewage freatment and Disposal and to Collutti	ns of this period.	
	Construction Authorization	
	Construction Authorization	
The construction and installation provides and Pub. 1959, 1952	(Required for Building Permit)	
with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
/1 0 1	f) 1	
ISSUED TO: LUMA CONT.	PROPERTY LOCATION: //)	Γ
5-2 1	SUBDIVISION CAMER	en Pince LOT #
Facility Type:	New 🗆 Expansion 🗀 Repair	
Basement? Tes Mo Basement Fin	ctures? 🗆 Yes 🔛 No ,	- 1
Type of Wastewater System** Who to	25% Reduction Cut	(Initial) Wastewater Flow: 265 GPD
(See note below, if applicable)	, ,	
25% 10	eduction System (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size OSS gallons	Exact length of each trench 225 feet	Trench Spacing: 9 Feet on Center
Pump Tank Size 100 gallons	Trenches shall be installed on contour at a tolk	Soil Cover: (inches
8	Maximum Trench Depth of: 12 inches	50 L 200 L
	(Trench bottoms shall be level to +/-1/4"	(Maximum soil cover shall not exceed
	The second of th	36" above the trench bottom)
Duma Bassinassatu (s. TDII	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
Con Estimate		Aggregate Depth: inches above pipe
Conditions:		inches total
**If applicable: I understand the system type specified	d is different from the type specified on the application.	I accept the specifications of this permit.
Owner/Legal Representative Signature:		Date:
This Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construction Authorization shall not b	e transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of	of the Laws and Rules for Sewage Treatment and Disposal and to the condition	ons of this permit. SEE ATTACHED SITE SKETCH
	11	2 10 0
Authorized State Agent:	Date:	08-19-58
	Construction Authorization Expiration Da	ate: 08-19-2013

HTE# 08122-20072R

Permit # 24967

Harnett County Department of Public Health Site Sketch

ISSUED TO: Lyn Cont	PROPERTY LOCATON:	(111)	0	107.41	
Authorized State Agent:	SUBDIVISION	CAMERON	D8-15-3	LOT # <u></u> /	
Authorized State Agent.		Date:	00.17	Δ	
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5	122		/		
INC 87	CA	menon fines 1	h		
7			7.		

Meet onsite. Maintain All Set Backs Must Bring in 8th W' of App Roved Cover Soil Thomas 225' 1 25% Reduction Systems at 12" Deep



370 Thomas Kelly Road • Sanford, NC 27330

coxsepticandgrading@gmail.com

BILL TO		
15 Camera Pines drive		

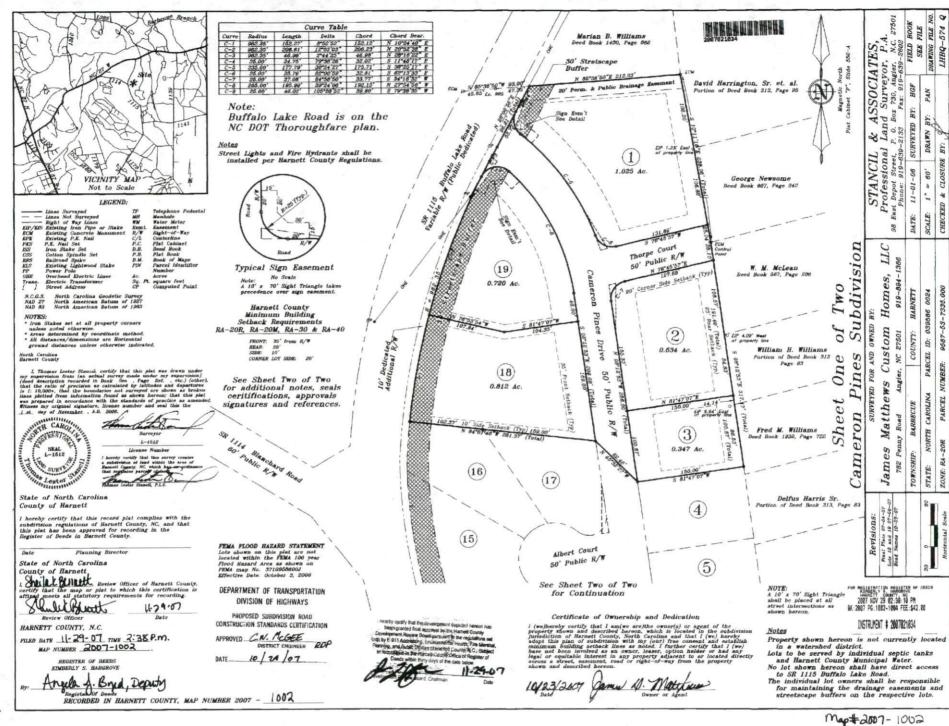
INVOICE

DATE

2-9-2022

A 11/2% LATE FEE WILL BE CHARGED ON ALL ACCOUNTS OVER 30 DAYS.

QUANTITY	DESCRIPTION	AMOUNT
_	Water surfacing in yand	
	Check leach field lines, water is making it	
	to all three lines, flow is slow from 1st to	
	Second line, Reduced flow from pump by matering	
	valve back, Float length was at 10", reset float	
	length to si.	\$200
-	On Off float was cracked, replaced float	\$200
2 2 3		
	paid cost	
	Thank You! TOTAL	40000





For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2017 May 09 11:46 AM NC Rev Stamp: \$ 360.00
Book: 3502 Page: 781 - 782 Fee: \$ 26.00
Instrument Number: 2017006558

North Carolina Bar Association - NC Bar Form No. 3

HARNETT COUNTY TAX ID # 03-9586-0024

05-09-2017 BY: CW

Printed by Agreement with the NC Bar Association - 1981

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 360.00	
Parcel Identifier No Verified by By:	County on the day of, 20
Mail/Box to: The Law Office of Jeffrey E. Radford, P.A., 1.	300 Bragg Blvd, Suite 1316, Favetteville, NC 28301 SIMO R S
This instrument was prepared by: The Law Office of Jeffrey	E. Radford, P.A., 1300 Bragg Blvd, Suite 1316, Favetteville, DS-11
Brief description for the Index: LOT 1, Cameron Pines	CH
THIS DEED made this 20 day of April	, 20] by and between
GRANTOR	GRANTEE
Erik S Meland and wife, Amanda N Meland 3735 Bays Ave Hayes, VA 23072	Joshua I Tilley and wife, Maranda L Tilley 15 Cameron Pines Drive Sanford, NC 27332
Enter in appropriate block for each Grantor and Grantee: nam corporation or partnership.	e, mailing address, and, it appropriate, character of entry, e.g.
The designation Grantor and Grantee as used herein shall include plural, masculine, feminine or neuter as required by context.	de said parties, their heirs, successors, and assigns, and shall include singul
these presents does grant, bargain, sell and convey unto the Gra	paid by the Grantee, the receipt of which is hereby acknowledged, has and antee in fee simple, all that certain lot, parcel of land or condominium u Township, Harnett Count
for and owned by: James Matthews Custom Homes, LLC,	cording to a survey entitled "Cameron Pines Subdivision Surveyed" by Stancil & Assocaites, Professional Land Surveyors, P.A., 207, at Page 1002 and 1003, Harnett County Register of Deeds, accurate description.
The property hereinabove described was acquired by Grantor I All or a portion of the property herein conveyed includes of	
A map showing the above described property is recorded in Pl	at Book2007 page1002-10
	Page 1 of 2
NC Par Association Form No. 3 @ 1076 Pavious @ 1077 2002 2013	This standard form has been removed

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.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and apportenances 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:

Print/Type Name & Title: Print/Type Name: State of Vicuria County or City of I, the ordersigned Notary Public of the County or City of II, the ordersigned Notary Public of the County or City of III and State alloresaid, certify that personally appeared before me this acknowledged the due exepution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarials scal this Vicuria County or City of II. The undersides Notary Public of the County or City of II. The undersides Notary Public of the County or City of II. The undersides Notary Public of the County or City of II. The undersides Notary Public of the County or City of III. The undersides Notary Notary is not or III. The undersides Notary is not or II. The undersides Notary is not or II. The undersides Notary is not or III. The undersides Notary is not or III. The unde	Ву:	_ ISEA
Print/Type Name & Title: Print/Type Name: And State aloresaid, certify that personally appeared before me this cknowledged the due expension of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial seat this O day of Policy of Aletto Done!	Зу:	
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and of VIGURICC — County or City of — and State aloresaid, certify that		0000
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County or City of	knowledged the due execution of the foregoing instrument for the	
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ly Commission Expires: Notary's Printed or Typed Name	providing the liability company/general partnership/fimited	partnership (strike through the inapplicable), and that by authorit
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Bur Association Form No. 3 © 1976, Revised © 1/1/2040 attention ted by Agreement with the NC Bur Association	Affix Seal) alc of	Notary's Printed or Typed Name and State aforesaid, certify that