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

NAME HUVEY U	Bud Circle, Lillington,	
MAILING ADDRESS (IF DIFFFERENT THA	N PHYSICAL)	
IF RENTING, LEASING, ETC., LIST PROPE	RTY OWNER NAME	
SUBDIVISION NAME WOODShire	LOT #/TRACT # STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Number of bedrooms [] E		
Garage: Yes [] No []	Dishwasher: Yes/[] No []	Garbage Disposal: Yes [i] No []
Water Supply: [] Private Well	[] Community System [Jeounty	
Directions from Lillington to your site:		
	o help you with your repair, you will need to a	

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.

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)
 Number of people who live in house?# adults 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 4. When was the septic tank last pumped? How often do you have it pumped? How often do you have it pumped? [] weekly 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? [4YES [] 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? [V] 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 2021
15. Are there any underground utilities on your lot? Please check all that apply: [\rightarrow 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? The Septic line was crushed by a delivery driver.
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

HTE # 05-500 11509

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

17843

OPERATIONS PERMIT

Name: (owner) CAvines Land New Installation &	Septic Tank Repair
Property Location: SR# Nitrification Line Subdivision WoodSh.re Lot # 99 Tax ID #	Expansion Quadrant #
Contractor: D.C. Carter Registr	ration #
Basement with Plumbing: Garage:	
Water Supply: Well Public Community Distance From Well: ft.	
Following are the specifications for the sewage disposal system on above cap	
Type of system: Conventional Other 25% Reduction SY)	18m Inchesto
Size of tank: Septic Tank: gallons Pump Tank: g	allons Q.cky
Subsurface No. of exact length width of of each ditch 21 ft. ditches	depth of ditches 1821 in.
French Drain Required: Linear feet Date:	
PERMIT NO. 21942 Inspected by:	In WAND
21 33 12 0ml 18 80 22 12 0ml 19 10 10 10 10 10 10 10 10 10 10 10 10 10	

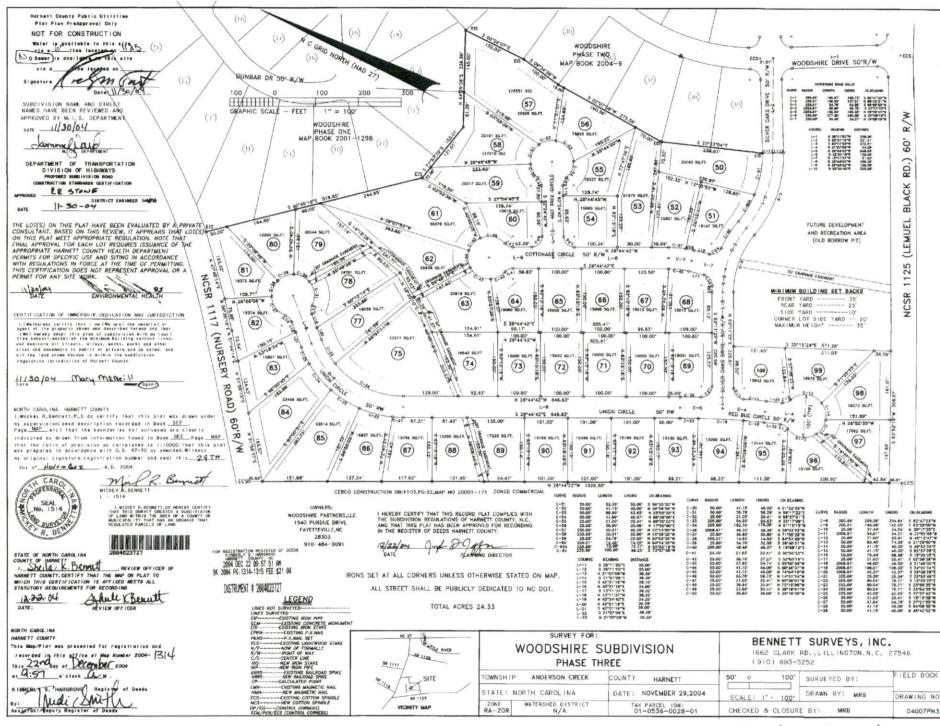
HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-50011509 IMPROVEMENT PERMIT 21942

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for disposal of	ection III, Item B. "No Pe of sewage without first obt	rson shall begin construc- aining a written permit
Name: (owner) CAV: Oct Dev.	New Installation	Santia Tank
Name: (owner) CAviness Land Dev. Property Location: SR# 1117	Renairs	Nitrification Line
		A Tridification Line
Subdivision Wood Shine	Lot #	99
Tax ID #	Quadrant #	
Tax ID #	ze: <u>. 37</u>	
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systo final approval.	stem on above caption	ed property. Subject
Type of system:	Reduction	
Size of tank: Septic Tank: 1000 gallons Pump		
Subsurface No. of exact length of each ditch 225 ft.	width of ditches 3 ft.	depth of ditches 1824 in.
French Drain Required:Linear feet A253/5 (c	duction system	
	3-16-05	
This permit is subject to revocation if site Signed plans or intended use change.	1: Ja WM1 Environmental H	
	'Environmental H	ealth Specialist
-///		
Meet on site Before Installing STUB Out 25 LOP Pup	AIR (485 LF)	lis
		/12/
Shallow Dech 1		/-/
Shallow Dech Dech	c.	/ /,
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56,446	3	5/5
347	<u> </u>	
35	Dr. 135	
	Dr.	
Red Buil Circle	\checkmark	

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 # 2\9\2\7\7\7\7\7\7\7\7\7\7\7\7\7\7\7\7\7\	his
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.	пъ
Carinos Land	
Name Telephone #	Single Call
Address	
1117	_
Property Location SR#	
Woodshiru 99 3(56x46) 39	
Subdivision Lot # # Bedrooms Proposed Lot Size	_
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrification Lines	
[] Conventional JOther 25% Reduction JYJTEM	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.	
Septic Tank DOO gal Pump Chambergal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines 227 Ft.	
Width of ditches 3 ft. Depth of ditches 19-24 inches 64 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.	
Joe Wast RS 3-16-05	THE PROPERTY OF
Signature of Authorized Agent for Harnett County Date	-



HARNETT COUNTY TAX ID# 01053601 0028 49

12-28-2017 BY SB

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2017 Dec 28 12:46 PM NC Rev Stamp: \$ 380,00
Book: 3569 Page:199 - 200 Fee: \$ 26.00
Instrument Number: 2017019219

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 380.00		
Parcel Identifier No. 01053601002849 Verified byBy:	County on the day of	, 20
Mail/Box to: Grantee		
This instrument was prepared by: Russell & Associates with Out T Brief description for the Index: Lot 99, Woodshire, Pk		g-1314
THIS DEED made this 13th day of December, 2017 by and between	een	
GRANTOR	GRANTEE	
Kathie L. Russell, Trustee, The 35 Red Bud Circle Trust 727 W. Hargett Street Suite 209 Raleigh, NC 27603	Harvey Walker and wife, Janine Walker 35 Red Bud Circle Lillington, NC 27546	á
The designation Grantor and Grantee as used herein shall include singular, plural, masculine, feminine or neuter as required by conte		ssigns, and shall include
WITNESSETH, that the Grantor, for a valuable consideration paid by these presents does grant, bargain, sell and convey unto the Gran Harnett County, North Carolina and more particularly described as	tee in fee simple, all that certain lot or pare	
Being all of Lot No. Ninety Nine (99), in a subdivision known as recorded in Map Book 2004-1314, Harnett County, North Carolina		a map of the same duly
The property hereinabove described was acquired by Grantor by in	strument recorded in Book 3407 Page 68	5
All or a portion of the property herein conveyed includes or X	does not include the primary residence o	f a Grantor.
A map showing the above described property is recorded in Map B	Book 2004-1314.	

Submitted electronically by Ronald J Antonelli, Esq. in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

B3569 - P200

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:

- 1. Ad valorem taxes for the year 2018 and subsequent years.
- 2. Restrictive and protective covenants of record.
- 3. Easements and rights-of-way of record.

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

The 35 Red Bud Circle Trust

By: _______Print/Type Name & Title: Nathie L. Russell, Trustee

State of NC	-
County or City of Charthan	

I, the undersigned Notary Public of the County or City of hot hom and State aforesaid, certify that Kathie L. Russell personally came before me this day and acknowledged that she is the Trustee of the 35 Red Bud Circle Trust and that by authority duly given and as the act of such entity, she signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this 13 th day of December 12019.

My Commission Expires: December 5, 2022. (Affix Seal)

Emily-Mary Brown
Notary's Printed or Typed Name

