

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: Cgaffney@TRICONRESIDENTIAL.com
NAME TRICON RESIDENTIAL PHONE NUMBER 919-630-1444
PHYSICAL ADDRESS 15 MOSSBURG CT. BURNLEVEL NC 28323-9660
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME TRICON RESIDENTIAL

SUBDIVISION NAME _____ LOT #/TRACT # _____ STATE RD/HWY NC 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

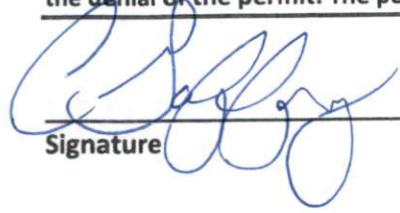
Directions from Lillington to your site: _____

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.


Signature

4/1/22
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) 2012
Installer of system _____
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults _____ # children 2 # total
2. What is your average estimated daily water usage? 50 gallons/month or day _____ county 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? _____
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?
Leaking INTO YARD 7 Days
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# 07-5-1673RR2

Harnett County Department of Public Health

PERMIT # 26866

Operation Permit

22236

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: LEMUEL BLACK RD

Name: (owner) BILL CLARK HOMES SUBDIVISION GATEWEST LOT # 12

System Installer: WAYNE SONES Registration # _____

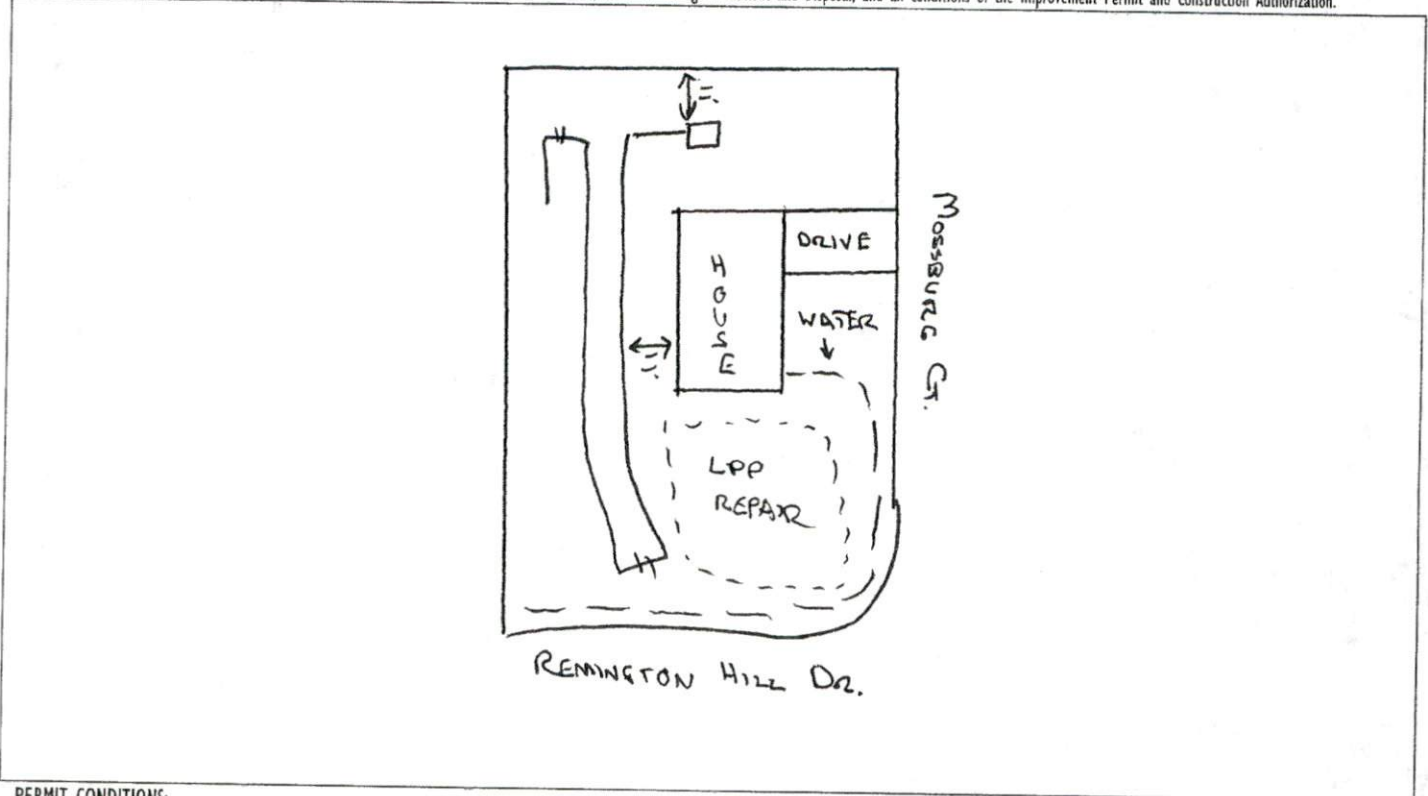
Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIg Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system 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.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other CHAMBER (34") Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 230 feet width of ditches 3 feet depth of ditches 18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] REHS Date 3/26/12

HTE# 07-5-K738R

Harnett County Department of Public Health Improvement Permit

26270

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: HOWELL EDWARDS PROPERTY LOCATION: LEMUEL BLACK RD
 NEW REPAIR EXPANSION SUBDIVISION: GATEWEST LOT # 12
 Type of Structure: SFO (55x40) Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well 100 feet
 Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: [Signature] Date: 9/20/10 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: HOWELL EDWARDS PROPERTY LOCATION: LEMUEL BLACK RD
 Facility Type: SFO (55x40) New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable LPP (Repair)

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size _____ gallons
 Number of trenches 1
 Exact length of each trench 230 feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 18 inches
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Conditions: _____
 Trench Spacing: 9 Feet on Center
 Soil Cover: 6 inches
 (Maximum soil cover shall not exceed 36" above the trench bottom)
 Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified 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 be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 9/20/10
 Construction Authorization Expiration Date: 9/20/15

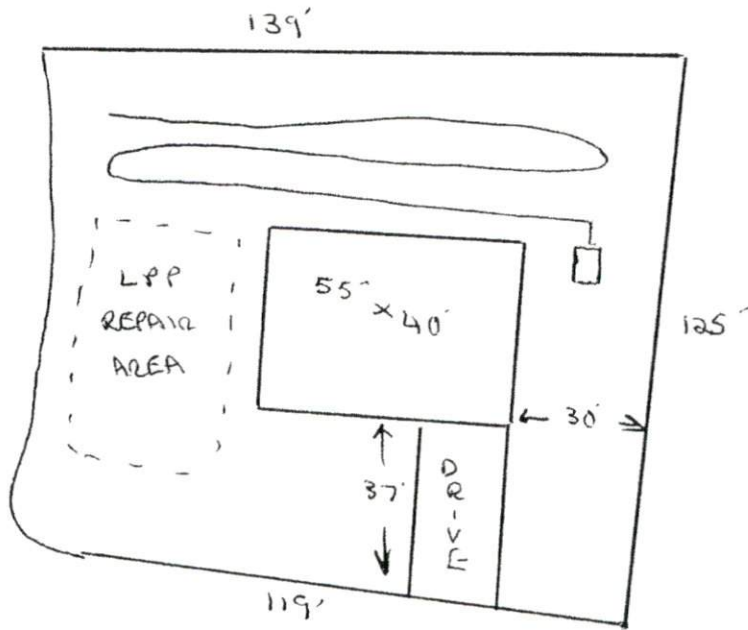
HTE# 07-5-16738R

Permit # 26270

Harnett County Department of Public Health Site Sketch

ISSUED TO: ~~HOWELL EDWARDS~~ PROPERTY LOCATOR: LEMUEL BLACK RD
SUBDIVISION GATEWAY LOT # 12

Authorized State Agent: ~~RENS (OLIVER TOLKSDORF)~~ Date: 9/20/10



HARNETT COUNTY TAX ID #
01052501 0095 12
12054803 0016 24
& ETC

For Registration Matthew S. Willis
Register of Deeds
Harnett County, NC
Electronically Recorded
2021 Nov 10 08:25 AM NC Rev Stamp: \$ 0.00
Book: 4073 Page: 327 - 338 Fee: \$ 26.00
Instrument Number: 2021026525

11-09-2021 BY: SB

Excise Tax: Exempt pursuant to NCGS §105-228.29

Recording Time, Book and Page

Tax Lot No. See Exhibit "A" Verified by _____ County on
the _____ day of _____, 2021, by _____

Mail after recording to: OS National LLC, 3097 Satellite Blvd., Building 700, Suite 400, Duluth, GA 30096
Attn: Institutional Transactions Dept.

This instrument was prepared by: Nexsen Pruet, PLLC (Joseph D. McCullough, Esq.) 227 W. Trade Street, Suite
1550, Charlotte, NC 28202

Brief Description for the index: Multiple Parcels – See Exhibit "A"

THE TITLE TO THIS PROPERTY WAS NOT EXAMINED BY THE ATTORNEYS WHO PREPARED THIS DEED, AND SAID ATTORNEYS HAVE NOT EXPRESSED ANY OPINION ABOUT THE TITLE TO THE PROPERTY OR THE LEGAL DESCRIPTION OF THE PROPERTY CONTAINED IN THIS DEED.

NORTH CAROLINA SPECIAL WARRANTY DEED

THIS DEED made this the 9th day of November, 2021, by and between

GRANTOR	GRANTEE
<p>SFR JV-1 PROPERTY LLC, a Delaware limited liability company</p> <p><u>Tax Mailing Address</u> c/o Tricon American Homes LLC 1508 Brookhollow Drive Santa Ana, California 92705</p>	<p>SFR JV-1 2021-1 BORROWER LLC, a Delaware limited liability company</p> <p><u>Tax Mailing Address</u> c/o Tricon American Homes LLC 1508 Brookhollow Drive Santa Ana, California 92705</p>
<p>Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.</p>	

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.

NC - SFR JV-1 PROPERTY LLC - DEED

Submitted electronically by "OS National - Resware"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

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 situated in North Carolina and more particularly described as follows:

See Exhibit A attached hereto and incorporated herein by reference.

The property does not include the primary residence of Grantor.

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 has done nothing to impair such title as Grantor received, and Grantor will warrant and defend the title against the lawful claims of all persons claiming by, under or through Grantor, except for the exceptions hereinafter stated:

All enforceable restrictions, conditions and easements of record.

[EXECUTION ON FOLLOWING PAGE.]

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 officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

SFR JV-1 PROPERTY LLC,
a Delaware limited liability company

By: [Signature]
Name: Thomas G. Walsh
Title: Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF CALIFORNIA
COUNTY OF Orange

On Oct 26, 2021 before me, E. Velazquez Pena, Notary Public, personally appeared Thomas G. Walsh, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)

Notary Public, State of California
My commission expires: 10/2/23

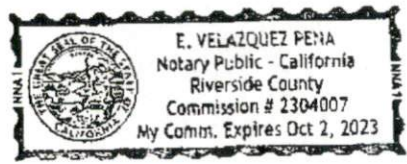


EXHIBIT A-1

STREET ADDRESS: 15 MOSSBURG COURT, BUNNLEVEL, NC 28323

COUNTY: HARNETT

CLIENT CODE: 12600425-21-1

TAX PARCEL ID/APN: 01052501 0095 12

BEING ALL OF LOT 12 IN A SUBDIVISION KNOWN, AS "GATE WEST SUBDIVISION", ACCORDING TO A PLAT OF THE SAME DULY RECORDED IN BOOK OF PLATS 2006, PAGE 878, HARNETT COUNTY, NORTH CAROLINA REGISTRY.

EXHIBIT A-2

STREET ADDRESS: 42 FOLKSTONE COURT, BUNNLEVEL, NC 28323

COUNTY: HARNETT

CLIENT CODE: 12600379-21-1

TAX PARCEL ID/APN: 12054803 0016 24

BEING ALL OF LOT 221, VANDERCROFT FARMS SUBDIVISION, PHASE TWO, PER PLAT AND SURVEY THEREOF RECORDED IN MAP BOOK 2014, PAGES 302 THROUGH 304, INCLUSIVE, HARNETT COUNTY REGISTRY, AND AS CORRECTED IN MAP BOOK 2014, PAGES 315 THROUGH 317, INCLUSIVE, HARNETT COUNTY REGISTRY, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAME.

EXHIBIT A-3

STREET ADDRESS: 55 SOUTHERN PLACE, LILLINGTON, NC 27546

COUNTY: HARNETT

CLIENT CODE: 12600383-21-1

TAX PARCEL ID/APN: 130527 0012 38

BEING ALL OF LOT NO. 38 AS SHOWN UPON THAT PLAT OF SURVEY ENTITLED SURVEY FOR: CURRIN PLANTATION S/D, PREPARED BY BENNETT SURVEYS, INC., DATED APRIL 21, 2010 AND RECORDED AT MAP NO. 2010-618, HARNETT COUNTY REGISTRY. REFERENCE TO SAID PLAT OF SURVEY IS HEREBY MADE FOR A GREATER CERTAINTY OF DESCRIPTION.
