

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: mtaylor1975.mt@gmail.com

OWNER NAME Michael Ray Taylor PHONE 919-830-0136
PHYSICAL ADDRESS 116 Kramer Rd. Lillington, NC 27546
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

SUBDIVISION NAME _____ LOT #/TRACT # _____ STATE RD/HWY _____ 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: Take Hwy 27 west @ 9 miles from Lillington. Turn left on Nursery Rd. and follow @ 2 miles. Turn right on Kramer Rd. & follow 1 mile. Residence on left.

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.

Michael R. Taylor
Owner Signature

6-20-22
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) Home put in 2003 / Tank existing
Installer of system N/A
Septic Tank Pumper N/A
Designer of System N/A

1. Number of people who live in house? 3 # adults # children 3 # total
2. What is your average estimated daily water usage? 2500 gallons/month or day County water. If HCPU please give the name the bill is listed in Kristy & Michael Taylor
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? N/A How often do you have it pumped? Never
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?
Dish soap/bleach
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 Roof
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?
Water seeping from ground in drain field
6 months
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 All use causes

This Deed Prepared by Reginald B. Kelly, Attorney at Law

Parcel 01-0506-0015

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2002 FEB 21 11:31:05 AM
BK: 1592 PG: 349-371 FEE: \$17.00
INSTRUMENT # 2002003366

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

N O N - W A R R A N T Y
D E E D

THIS NON-WARRANTY DEED is made the 12 day of ^{January} ~~December~~, 2001, by and between CHARLES CARAWAY and ZABRON A. DAVIS, III, of 308 South Commerce Street, Natchez, Mississippi 38619 (hereinafter referred to in the neuter singular as "the Grantor") and KRISTY M. MAY and MICHAEL R. TAYLOR of 247 Claude White Road, Cameron, North Carolina 28326 (hereinafter referred to in the neuter singular as "the Grantee"):

W I T N E S S E T H:

THAT said Grantor, for valuable consideration, receipt of which is hereby acknowledged, has remised, released, and quitclaimed and by these presents does hereby remise, release, surrender and forever quitclaim unto said Grantee, its heirs, successors, administrators and assigns, all of that certain piece, parcel or tract of land situate, lying and being in Anderson Creek Township of said County and State, and more particularly described as follows:

Being all of Lot 5 containing 5.0 acres in the Division of the Professional Medical Recovery Services, Inc., per plat recorded in Book of Plats 13 at Page 51, Harnett County Registry.

This conveyance is made subject to restrictions, easements, and rights of way of record in the Harnett County Registry.

TO HAVE AND TO HOLD the above-described lands and premises, together with all appurtenances thereunto belonging, or in anywise appertaining, unto the Grantee, its heirs, successors, administrators and assigns forever so that neither the Grantor nor any other entity claiming in or through the Grantor's behalf shall or will hereafter claim or demand any right or title to the premises or any portion thereof, but that such legal entity and every one of them shall, by these presents, be excluded and forever barred.

KELLY & WEST
ATTORNEYS AT LAW
900 S. MAIN STREET
P.O. BOX 1118
LILLINGTON, NC 27546
910-893-8183
FAX: 910-893-5814

HARNETT COUNTY TAX ID #
01-0506-0015
2/21/02 BY JRR

IN WITNESS WHEREOF, the Grantor has hereunto set its hand and seal and does adopt the printed word "SEAL" beside its name as its lawful seal.

GRANTOR

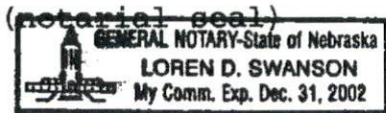
Charles Caraway (SEAL)
Charles Caraway

Zabron A. Davis, III (SEAL)
Zabron A. Davis, III

Nebraska * * * *
STATE OF MISSISSIPPI
COUNTY OF Lansaster

I, a Notary Public of the County and State aforesaid, certify that CHARLES CARAWAY personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal, this 14 day of ~~December~~, 2002.
January



Loren D. Swanson
Notary Public

My Commission Expires: 12/31/02

* * * * *

STATE OF MISSISSIPPI
COUNTY OF Adams

I, a Notary Public of the County and State aforesaid, certify that ZABRON A. DAVIS, III, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal, this 11 day of ~~December~~, 2001.
January

(notarial seal)

Diana E. Nutter
Notary Public

My Commission Expires: 9.3.2004



KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
COURTHOUSE
P.O. BOX 279
LILLINGTON, NC 27546

Filed For Registration: 02/21/2002 11:31:05 AM
Book: RE 1592 Page: 369-371
Document No.: 2002003365
DEED 3 PGS \$17.00
Recorder: TRACY B TAYLOR

State of North Carolina, County of Harnett

The foregoing certificate of LOREN D. SWANSON Notary is certified to be correct. This 21 ST of February 2002

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

By: Tracy B. Taylor
Deputy/Assistant Register of Deeds

2002003365
2002003365

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

16810

HTE 04-5-8626

OPERATIONS PERMIT

Name: (owner) MAMIE D. CROTT New Installation Septic Tank
 Property Location: SR# KRAMER RD Repairs Nitrification Line
 Subdivision _____ Lot # _____
 Tax ID # _____ Quadrant # _____
 Contractor: LARRY SHARP Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

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

Type of system: Conventional Other line (chip)

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

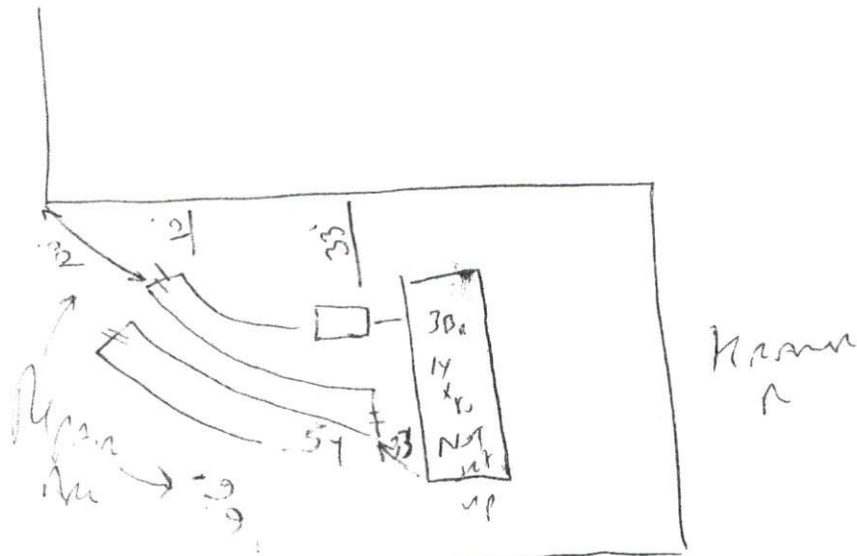
Subsurface Drainage Field	No. of ditches <u>1</u>	exact length of each ditch <u>270</u> ft.	width of ditches <u>3</u> ft.	depth of ditches <u>18 2/4</u> in.
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French Drain Required: _____ Linear feet

Date: 03-10-04

Inspected by: [Signature]
Environmental Health Specialist

PERMIT NO. 20674



HARNETT COUNTY HEALTH DEPARTMENT

HTE 64-5-8624

IMPROVEMENT PERMIT

20674

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) Mamic D. Critch
Property Location: SR# 117

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (14x80) Lot Size: 4.02 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 55 ft.

This replaces previous permit #21082

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

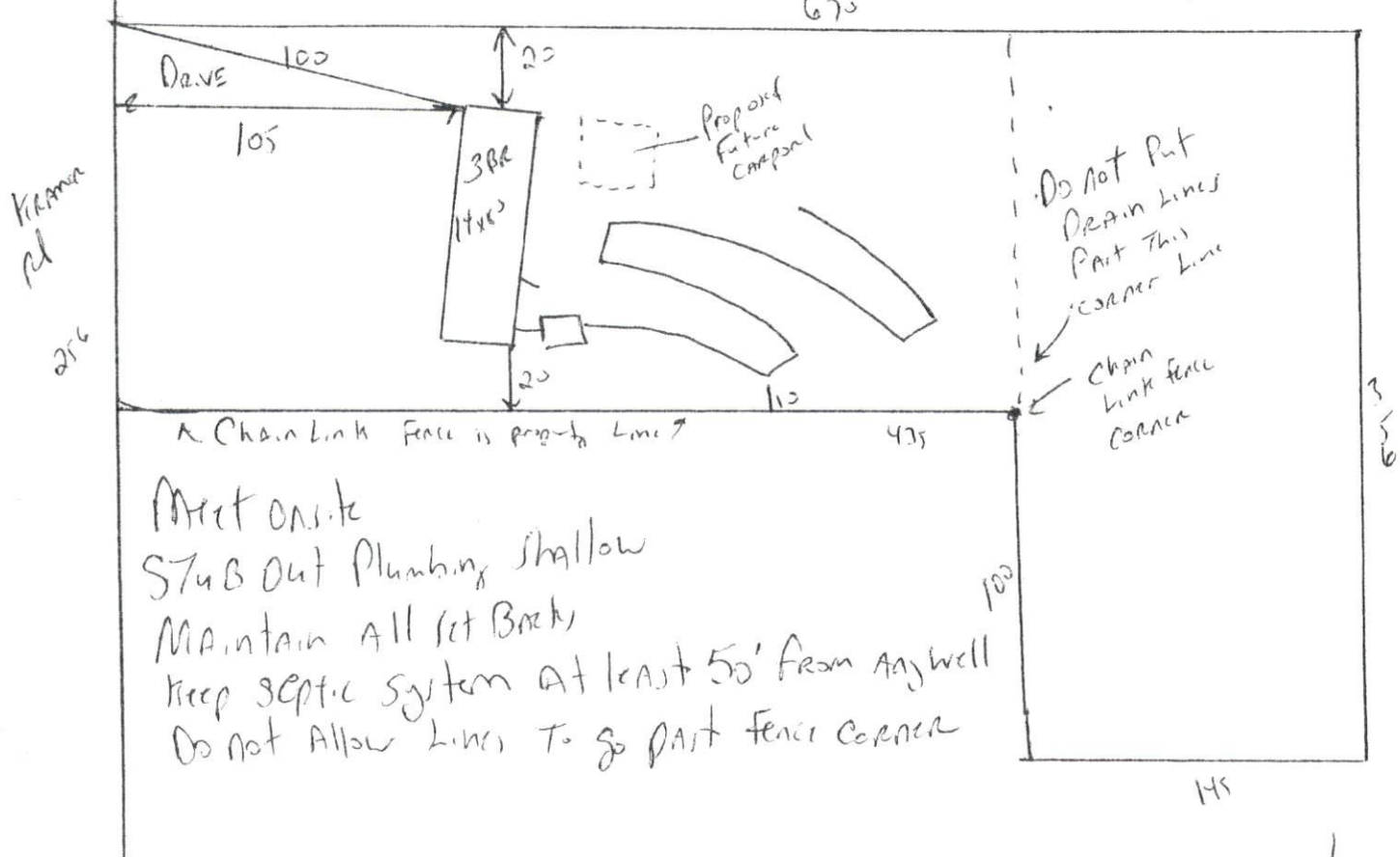
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 03-05-04

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
Environmental Health Specialist



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 # 20674. 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.*

Mamie City
Name _____ Telephone # _____

Address _____

1177
Property Location SR# _____ Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 3 (14x80) Lot Size 4.02 AC

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.
Width of ditches 3 ft. Depth of ditches 18.24 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.

Joe W. SRS _____ 03-05-04 _____
Signature of Authorized Agent for Harnett County Date