

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: timbmcw@msn.com

OWNER NAME Buddy Backpack PHONE 919-770-6841

PHYSICAL ADDRESS 17273 Hwy 27 West Sanford, NC 27332

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) same

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

Buddy Backpack
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 0 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site: From Lillington Hwy 27 West
go straight approx 30 miles last mobile home
on left before bridge (Beside 5+2 Food
pantry)

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.

Zwally B. McFall 10-21-22
Owner 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 [X] NO
Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] NO

Year home was built (or year of septic tank installation) Mobile Home?
Installer of system Bullard Septic Service
Septic Tank Pumper
Designer of System

- 1. Number of people who live in house? 0 # adults # children # total
2. What is your average estimated daily water usage? 0 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 N/A
4. When was the septic tank last pumped? MA How often do you have it pumped? MA
5. If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly N/A
6. If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [] monthly N/A
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [X] NO If yes please list
10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind?
11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] 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 [X] 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 Remodeled
15. Are there any underground utilities on your lot? Please check all that apply:
[X] Power [] Phone [] Cable [] Gas [X] Water
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?
Tank CRASHED by truck
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 [X] NO If Yes, please list



2011006843

HARNETT COUNTY TAX ID#

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2011 MAY 11 02:04:29 PM
BK:2865 PG:330-334 FEE:\$28.00
NC REV STAMP:\$3.00
INSTRUMENT # 2011006843

039576-9000

5/11/11 BY (M)

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

NON-WARRANTY DEED

Excise Tax: \$

Parcel ID Number: 0395769000

Prepared By & Mail to: Pope & Pope, Attorneys at Law, P.A.
PO Box 790, Angier, NC 27501
File No: 10.572

THIS DEED made this 2ND day of MAY, 2011, by and between

GRANTOR

GRANTEE

First Choice Community Health Centers (formerly known as The Western Medical Group), a North Carolina Non-Profit Corporation
Drawer B, Hwy. 421
Mamers, NC 27552; and
Harnett County, a body politic, organized and existing under the laws of the State of North Carolina

Solid Foundations, Inc., a North Carolina Non-Profit Corporation
PO Box 100
Olivia, NC 28368

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.

W I T N E S S E T H:

THAT said Grantor, for and in consideration of the sum of TEN and no/hundredths DOLLARS (\$10.00) and other good and valuable considerations, receipt of which is hereby acknowledged, has given, granted, bargained, sold, and conveyed, and by these presents does hereby give, grant, bargain, sell, and convey unto said Grantee, its heirs, successors, administrators, and assigns forever, all of that certain piece, parcel, or tract of land situate, lying, and being in Barbecue Township of said County and State, and more particularly described as follows:

BEGINNING at a stake in the center line of N.C. Highway No. 27, said stake being South 57 degrees 44 minutes 53 seconds West 165 feet from point "11" as shown and delineated on the plat hereinafter referred to; running thence South 32 degrees 15 minutes 07 seconds East 465.60 feet to a stake; thence South 57 degrees 44 minutes 53 seconds West 200 feet to a stake; thence North 32 degrees 15 minutes 07 seconds West 465.60 feet to a stake in the center line of N.C. Highway No. 27; thence North 57 degrees 44 minutes 53 seconds East 200 feet to the **BEGINNING**, containing 2 acres, more or less, excluding the right of way of N.C. Highway No. 27, and being a portion of the property shown on that certain map entitled, "Property of Pineview, Inc.", made by James C. Pate, R.E., dated May 16, 1972, and recorded in Book 17, Page 50, Harnett County Registry.

This being the same property conveyed by Harnett County to The Western Medical Group by deed dated January 3, 1994 and recorded in Book 1034, Pages 58-61, Harnett County Registry. The Western Medical Group changed its name to First Choice Community Health Centers by filing Articles of Amendment in the office of the North Carolina Secretary of State on September 21, 2007.

Harnett County joins in this conveyance for the sole purpose of releasing the real property described herein from the following condition which appears in that deed recorded in Book 1034, Pages 58-61, Harnett County Registry: "1. That the Grantee or its successors and assigns, shall continue to maintain and operate a rural health center on the premises for the benefit of residents in the Benhaven Community of Harnett County and surrounding areas." In lieu thereof, the real property is hereby conveyed to the Grantee, Solid Foundations, Inc., subject to the following condition:

THIS CONVEYANCE IS SUBJECT TO THE FOLLOWING REVERTER PROVISION:

At such time that Solid Foundations, Inc., or its successors and/or assigns should terminate or cease its use of the above-described

real property for charitable non-profit purposes, then said real property title shall revert to the County of Harnett.

Pursuant to NCGS §105-317.2 the Grantor herein acknowledges that the real property conveyed herein does / does not include the primary residence of the grantor.

The herein described lands are conveyed to and accepted by the Grantees subject to all other easements, rights-of-way and restrictions shown on said map and listed on the public record.

This conveyance is expressly made subject to the lien created by Grantor's real 2011, Harnett County ad valorem taxes which the Grantee herein agrees to assume and pay in full when due.

TO HAVE AND TO HOLD the above-described lands and premises, together with all appurtenances thereunto belonging, or in any wise appertaining, unto the Grantee, its heirs, successors, administrators, and assigns forever, but subject, however, to the limitations set out above.

IN WITNESS WHEREOF, the Grantors have hereunto set their hand and seal and do adopt the printed word "SEAL" beside their name as their lawful seal as of the day and year first above written.

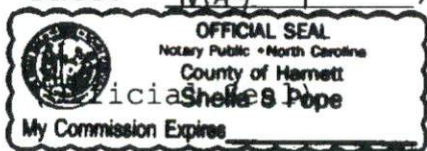
First Choice Community Health Centers
(formerly known as The Western Medical Group), a North Carolina Non-Profit Corporation

By: Sheila L. Simmons (Seal)
Sheila L. Simmons, Chief Executive Officer

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: Sheila L. Simmons, Chief Executive Officer of First Choice Community Health Centers

Date: May 11, 2011.



Shelia S. Pope

Notary Public

Shelia S. Pope

Notary's Printed or Typed Name

My commission expires: 11-2-2015

Harnett County

By: Timothy B. McNeill
Timothy B. McNeill, Chairman of the
County Board of Commissioners



STATE OF NORTH CAROLINA
COUNTY OF HARNETT

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: Timothy B. McNeill, Chairman of the Harnett County Board of Commissioners

Date: May 2, 2011.



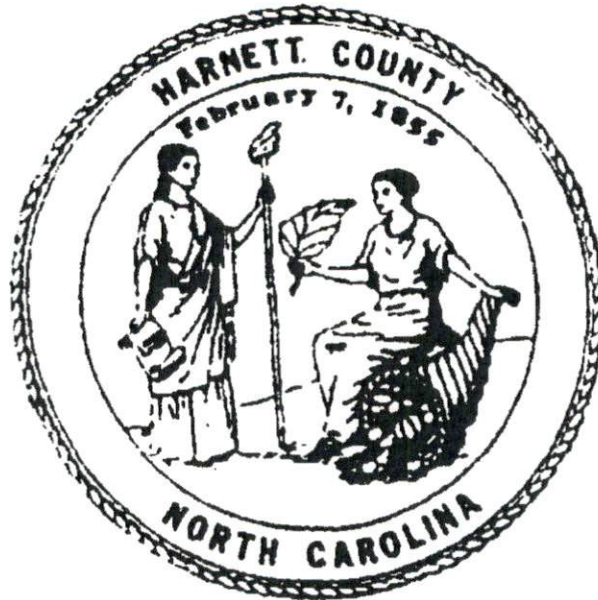
Margaret Regina Wheeler

Notary Public

Margaret Regina Wheeler

Notary's Printed or Typed Name

My commission expires: July 28, 2014



KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
305 W CORNELIUS HARNETT BLVD
SUITE 200
LILLINGTON, NC 27546

Filed For Registration: 05/11/2011 02:04:29 PM
Book: RE 2865 Page: 330-334
Document No.: 2011006843
DEED 5 PGS \$28.00
NC REAL ESTATE EXCISE TAX: \$3.00
Recorder: MARY ANNE WOOD

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

DO NOT DISCARD

2011006843



Harnett County GIS

ID: 039576 9000

IN: 9576-57-4976.000

ccount Number: 1500002009

wner: SOLID FOUNDATIONS INC

ailing Address: PO BOX 100 OLIVIA, NC 28368

hysical Address: 17247 NC 27 W SANFORD, NC 27332 ac

escription: 1 LOT 200X435 1.97 ACS

urveyed/Deeded Acreage: 1.97

alculated Acreage: 1.97

eed Date: 1305090000000

eed Book/Page: 2865 - 0330

lat(Survey) Book/Page: -

ast Sale: 2011 - 5

ale Price: \$1500

ualified Code: Q

acant or Improved: V

ransfer of Split: T

ctual Year Built: 1975

eated Area : 2520 SqFt

uilding Count : 2

Building Value: \$231675

Parcel Outbuilding Value: \$1680

Parcel Land Value: 40990

Market Value: \$274345

Deferred Value: \$0

Total Assessed Value: \$274345

Zoning: RA-20R - 1.97 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: No

Elementary School: Benhaven Elementary

Middle School: Highland Middle

High School: Western Harnett High

Fire Department: Spout Springs

EMS Department: Medic 1, D13 EMS, D1 FR

Law Enforcement: Harnett County Sheriff

Voter Precinct: Barbecue

County Commissioner : Matthew Nicol

School Board Member: Don Godfrey

