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: garcia - mm17@yahoo
OWNER NAME Mayra M. Garcia Javamillo PHONE 9105140153
PHYSICAL ADDRESS 60 Starlight Drive Cillington NC 27546
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME
SUBDIVISION NAME HOVIZON LOT #/TRACT # 3 STATE RD/HWY SIZE OF LOT/TRACT &
Type of Dwelling: [] Modular [] Mobile Home [] Stick built [] Other
Number of bedrooms [] Basement
Garage: Yes [] No [] 2 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: 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. 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 [YNO Also, within the last 5 years have you completed an application for repair for this site? []YES [YNO	
Year home was built (or year of septic tank installation)2020 Installer of system Septic Tank Pumper Designer of System	
 Number of people who live in house? 2 # adults 3 # children 5 # to What is your average estimated daily water usage? gallons/month or day coun water. If HCPU please give the name the bill is listed in Garcia Tara millo 	ity
 If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped? 4-1-2022 How often do you have it pumped? If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly [] monthly If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [] monthly Do you have a water softener or treatment system? [] YES [] NO Where does it drain? 	
 Do you use an "in tank" toilet bowl sanitizer? [] YES [] NO Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [] NO If yes please list Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kind? Bleach and Soap dish Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [] NO 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, go drains, basement foundation drains, landscaping, etc? If yes, please list	utter
16. Describe what is happening when you are having problems with your septic system, and when wa first noticed? <u>first noticed on December 2020 - wet land</u> <u>April 2022 proddles and water bubbling out to the Surface</u> 17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, hea	
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, hear rains, and household guests?) [YYES [] NO If Yes, please list	

Harnett County Department of Public Health

Operation Permit PERMIT # SF 0 2003-6062 New Installation 🖂 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Expansion PROPERTY LOCATION: GO STATLLIGHT DE A+G RESIDENTIAL SUBDIVISION NEW HORZIZONS System Installer: Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community Public ☐ Well Distance from well System Type: 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. HOODE PERMIT CONDITIONS: 1. 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: ٧. Other: D-Box Pump **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional Other CHAMBGO COHT Septic Tank: gallons Pump Tank: Subsurface No. of exact length width of depth of ditches 18-24 of each ditch 300 feet Drainage Field ditches ditches French Drain Required: Authorized State Agent

Customer: 401161 - 082147 Balance: \$0.00 Active Residential Collections Okay MAYRA GARCIA \$0.00 Deposit: Owner Last Bill: OUE# 60 STARLIGHT DR \$29.58 Due 12/28/2022 Plan: Meter Number: 90688167 LILLINGTON, NC 27546 None Cycle/Book: West Central 5 / Book 505 Moved in 1 Next: (910) 514-0153 Call Number: 02560 Eligible for Comments Move In/Out Deposits Loans/POS Collections Letters Inquiries Notes Addresses Reading Hist Service Address Customer/Account Customer Services Transaction History Water Record 1 of 26 Service Read Date Meter Read Type Read Status Previous Reading Current Reading Days Consumption Unit Of Me > Water 11/28/2022 90688167 Potable Actual Read 29542.000 33284.000 31 3742.000 Gallons Water 10/28/2022 90688167 Potable Actual Read 26380,000 29542.000 29 3162,000 Gallons Water 9/29/2022 90688167 Potable Actual Read 22726.000 26380.000 31 3654.000 Gallons 8/29/2022 90688167 Potable Actual Read 22726.000 31 3236,000 Gallons Water 19490,000 Water 7/29/2022 90688167 Potable Actual Read 16208.000 19490.000 29 3282,000 Gallons 6/30/2022 90688167 Potable Actual Read 16208.000 4343,000 Gallons Water 11865.000 30 Water 5/31/2022 90688167 Potable Actual Read 7458,000 11865.000 33 4407.000 Gallons 90688167 Potable Actual Read 7458.000 5524,000 Gallons Water 4/28/2022 1934,000 31 Water 3/28/2022 90688167 Potable Actual Read 10.000 1934.000 16 1924.000 Gallons 20074357 Potable Actual Read 43263.000 23 2649.000 Gallons Water 3/12/2022 40614.000 Water 2/17/2022 20074357 Potable Actual Read 38157.000 40614.000 21 2457,000 Gallons Water 1/27/2022 20074357 Potable Actual Read 36007.000 38157.000 2150.000 Gallons 16 Water 1/11/2022 20074357 Potable Actual Read 31789,000 36007.000 49 4218,000 Gallons 11/23/2021 20074357 Potable Actual Read 29564.000 31789.000 2225.000 Gallons Water 27 20074357 Potable Actual Read 29564.000 37 3653.000 Gallons Water 10/27/2021 25911.000 9/20/2021 20074357 Potable Actual Read 27 2355.000 Gallons Water 23556.000 25911.000

HARNETT COUNTY TAX ID # 0107 15 130610

11-13-2020 BY: SB

Excise Tax: \$432.00

For Registration Kimberly S. Hargrove Register of Deeds Harnett County, NC Electronically Recorded 2020 Nov 13 12:34 PM NC Rev Stamp: \$ 432.00

Book: 3896 Page: 3 - 4 Instrument Number: 2020021093 Fee: \$ 26.00

NORTH CAROLINA GENERAL WARRANTY DEED

Parcel Identifier No. 0610-98-5771,000 Verified by Cou By:	inty on the day of, 20
Mail/Box to: McCall Law Firm, 1121 Situs Court, #390, Raleigh,	NC 27606
This instrument was prepared by: <u>L. Holden Reaves. Esq. (withou</u>	t title examination]
Brief description for the Index: Lot 3 New Horizons Subdivision	
THIS DEED made this day of November, 2020, by and bet	ween
GRANTOR	GRANTEE
A & G Residential, LLC, a North Carolina limited liability company	Mayra Mireya Garcia Jaramillo, Urmowrieck
2533 Raeford Road, Suite C Fayetteville, NC 28305	60 Starlight Drive Lillington, NC 27546
Enter in appropriate block for each party: name, address, and, if app	propriate, character of entity, e.g. corporation or partnership.

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.

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 Upper Little River Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 3 as shown on plat entitled "SURVEY FOR: NEW HORIZONS SUBDIVISION" dated August 16, 2004, prepared by Bennett Surveys, Inc., and recorded as Map 2004-826, Harnett County Registry, to which plat reference is made for a more particular description thereof.

Submitted electronically by "The McCall Law Firm, PC" in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

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The property hereinabove described was acquired by Grantor by instrument recorded in Book 3810, Page 639.

All or a portion of the property herein conveyed does not include the primary residence of Grantor.

A map showing the above described property is recorded in Map 2004-826.

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: ad valorem taxes for the current year (prorated through the date of settlement); utility easements and unviolated covenants, conditions or restrictions that do not materially affect the value of the premises.

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

By:	A & G Residentjal, LLC (Entity Name)	(SEAL)
Title: By:		(SEAL)
Title: State of		(SEAL)
I, the undersigned Notary Public of the County and State aforesaid, certify that		(SEAL)
State of North Carolina - County of Cumberland I, the undersigned Notary Public of the County and State aforesaid, certify that	I, the undersigned Notary Public of the County and State a personally appeared before me this day and acknowle purposes therein expressed. Witness my hand and Notarial stamp or seal this day	dged the due execution of the foregoing instrument for the y of, 20
State of	I, the undersigned Notary Public of the County and State aforesaid, certify that before me this day and acknowledged that he is the <u>Manager</u> of A & G Residential, I authority duly given and as the act of such entity, he signed the foregoing instrument in its Notarial stamp or seal, this day of November. 2020. My Commission Expires: Odd Odd November. 2020.	LC, a North Carolina limited liability company, and that by sname on its behalf as its act and deed. Witness my hand and
The foregoing Certificate(s) of is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof County	State of County of I, the undersigned Notary Public of the County and State aforesaid, carrier that	
correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.	My Commission Expires:	Notary Public
By: Deputy/Assistant - Register of Deeds	correct. This instrument and this certificate are duly registered at the date and time and in Register of Deeds for	the Book and Page shown on the first page hereof. County

