

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

OWNER NAME Lisa Lovato EMAIL ADDRESS: LisaLovato@gmail.com
PHONE 910-852-7085
PHYSICAL ADDRESS 15 Wester Circle, Fuquay Varina NC 27526
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

Olive Branch
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: _____

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.

Lisa Lovato
Owner Signature

2-27-23
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) 1999
Installer of system ?
Septic Tank Pumper ?
Designer of System ?

1. Number of people who live in house? VACANT # adults _____ # children _____ # total _____
2. What is your average estimated daily water usage? _____ 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: unknown
 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?
No lid on TANK - CONTRACTOR INSPECTED
Needs New Tank
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 _____

Matthew S. Willis Register of Deeds
Harnett County, NC
Electronically Recorded

HARNETT COUNTY TAX ID #
080643 0050 38

01/20/2023 08:30:56 AM NC Rev Stamp: \$410.00
Book: 4180 Page: 285 - 289 (5) Fee: \$26.00
Instrument Number: 2023000961

01-20-2023 BY: TC

GENERAL WARRANTY DEED

This instrument prepared by Michael J Daumen, a licensed North Carolina attorney. Delinquent taxes, if any, to be paid by the closing attorney to the county tax collector upon disbursement of closing proceeds. No advice given regarding tax consequences of this deed.

Return To Michael J Daumen, 9017 Miranda Drive, Raleigh NC 27617

Brief Description for Index: Lot 39 Olive Branch

Stamps: \$410.00

ID No.: 0050563

THIS DEED, made this 4 th day of January, 2023, by and between

Roy L Gibbs, Catherine N Deese, & Johann H Davisson & spouse
Eula Monica C Davisson, *hereinafter referred to as Grantor(s),*

whose address is **26 Norris Ferry Drive in Angier, NC 27501** ; and

Lisa M Lovato, *hereinafter referred to as Grantee(s),*

whose address is 77 Fernway Circle in Fuquay-Varina, NC 27526;

WITNESSETH, that the Grantor(s), for a valuable consideration paid by the Grantee(s), the receipt and legal sufficiency of which is hereby acknowledged, do grant, bargain, sell and convey unto the Grantee(s) in fee simple all that certain tract or parcel of land, situate, lying and being in the City of Fuquay-Varina, County of Harnett and State of North Carolina, and more particularly described as follows:

BEING all of Lot 39, containing 0.822 acres, more or less, as shown on map or survey entitled "Map Two of Two: Olive Branch Subdivision – Survey for Stancill-Kinton, LLC" and prepared by Stancill & Associates, Registered Land Surveyor, PA, dated August 4, 1998, and recorded as Map 99-48A, Harnett County Registry, to which reference is hereby made for a more particular description of same.

Property address: 15 Wester Circle, Fuquay-Varina NC.

The property described above was acquired by Grantor(s) by instrument recorded in Book 2073, Page 103, Harnett County Registry.

TO HAVE AND TO HOLD this tract or parcel of land and all privileges and appurtenances thereunto belonging to the Grantee(s) in fee simple forever.

And the Grantor(s) covenant with the Grantee(s), that Grantor(s) are seized of the premises in fee simple, have the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor(s) will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated:

Easements and Restrictions of record;

Ad valorem taxes for 2022 and subsequent years, not yet due & payable.

CAR If initialed, the property includes the primary residence of at least one of the Grantor(s) (see NCGS §105-317.2).

The designations Grantor(s) and Grantee(s) as used herein shall include the parties hereto, their heirs, successors, assigns and legal and/or personal representatives.

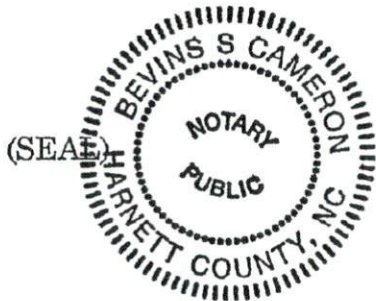
IN WITNESS WHEREOF, the Grantor(s) have set their hand or seal the day and year first above written.

Roy L Gibbs (SEAL)
ROY L GIBBS

STATE OF North Carolina
COUNTY OF Harnett

I, the undersigned, a Notary Public of the county and state aforesaid, certify that Roy L Gibbs, Grantor(s), personally appeared before me this day and acknowledged the due and voluntary execution of the foregoing instrument. I further state that I have personal knowledge of the identity of the Grantor(s) or satisfactory evidence of the identity of the Grantor(s) in the form of

WITNESS my hand and notarial stamp or seal this the 22 day of December, 2022.



Bevins S. Cameron
Notary Public
My commission expires: Oct. 10, 2026

IN WITNESS WHEREOF, the Grantor(s) have set their hand or seal the day and year first above written.

Catherine N Deese (SEAL)
CATHERINE N DEESE

STATE OF NC
COUNTY OF Harnett

I, the undersigned, a Notary Public of the county and state aforesaid, certify that Catherine N Deese, Grantor(s), personally appeared before me this day and acknowledged the due and voluntary execution of the foregoing instrument. I further state that I have personal knowledge of the identity of the Grantor(s) or satisfactory evidence of the identity of the Grantor(s) in the form of

WITNESS my hand and notarial stamp or seal this the 04 day of January, 2023.

(SEAL) Mary E. Stevens
NOTARY PUBLIC
Harnett County
North Carolina
My Commission Expires May 1, 2027

Mary E. Stevens
Notary Public
My commission expires: May 01, 2027

IN WITNESS WHEREOF, the Grantor(s) have set their hand or seal the day and year first above written.

Johann H Davisson (SEAL)
JOHANN H DAVISSON

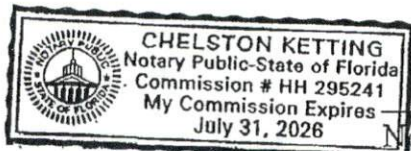
Eula Monica C Davisson (SEAL)
EULA MONICA C DAVISSON

STATE OF Florida
COUNTY OF Duval

I, the undersigned, a Notary Public of the county and state aforesaid, certify that Johann H Davisson & Eula Monica C Davisson, Grantor(s), personally appeared before me this day and acknowledged the due and voluntary execution of the foregoing instrument. I further state that I have personal knowledge of the identity of the Grantor(s) or satisfactory evidence of the identity of the Grantor(s) in the form of

WITNESS my hand and notarial stamp or seal this the 6 day of January, 2023.

(SEAL)



[Signature]
Notary Public

My commission expires:

JUL 31 2026

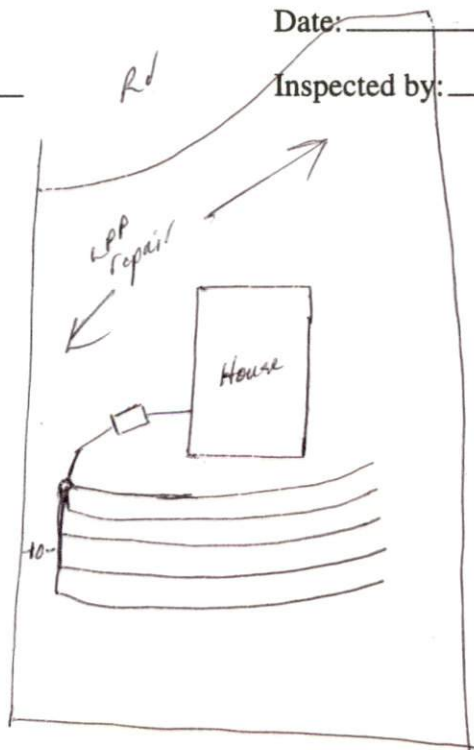
OPERATIONS PERMIT

Name: (owner) Michael Johnson New Installation Septic Tank
 Property Location: SR# 1403 Repairs Nitrification Line
 Subdivision Olive Branch Lot # 39
 TAX ID# _____ Quadrant # _____
 Contractor: Johnny Jones Registration # _____
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: _____ ft.

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

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 5 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in.
 French Drain: _____ Linear feet

PERMIT NO. 16137 Date: 6-24-99
 Inspected by: Thomas J. Boyce R.S.
 Environmental Health Specialist



IMPROVEMENT PERMIT

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) Stancil Blais *Michael Johnson* New Installation Septic Tank
 Property Location: SR# 1430 Repairs Nitrification Line

Subdivision Olive Branch Lot # 39

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min ft.

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

Type of system: Conventional Other Polystyrene Aggregate Trench System I WMS-95-3R

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

Subsurface Drainage Field No. of 4 exact length 80 width of 3 depth of 18 in. MAX
 Ditches 4 of each ditch 80 ft. ditches 3 ft. ditches 18 in. MAX

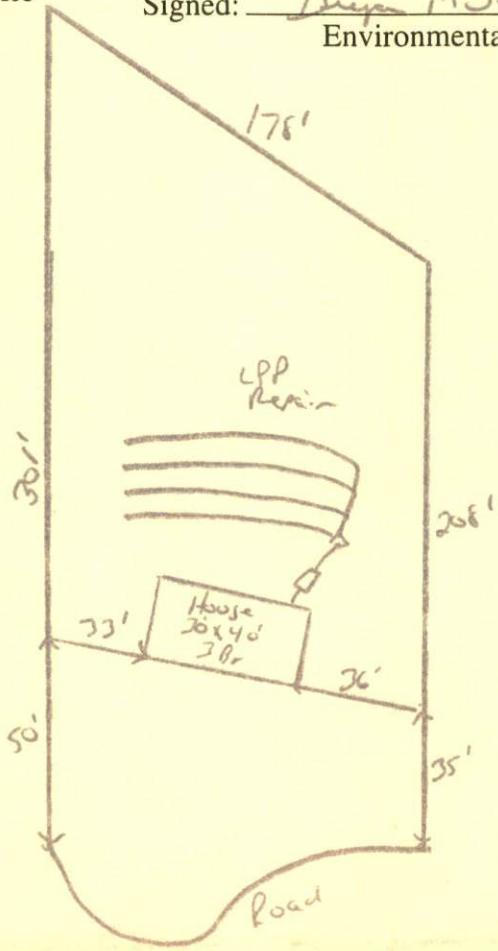
French Drain Required: _____ Linear feet

Date: 2/18/99

Signed: Bryan McSwain R.S.
 Environmental Health Specialist

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

- * Maintain setbacks
- * Risers + Filter will be needed
- * Keep ditches at 18 inches MAX



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16137. 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.

Owner or Authorized Agent _____

Name: Stencel Blvd. Michael Johnson dtd 5/10 Telephone # 639-2077

Address: 466 Stencel Rd. Angier NC 27501

Property Location: SR # 1430 Road Name Olive Branch

New Installation Repair Septic Tank Nitrification Lines

Subdivision Olive Branch Lot # 39

Number of Bedrooms Proposed: 3 Lot size: _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other Polystyrene Aggregate Trench System I WWS-95-3R

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 80 ft.

Width of ditches 3 ft. Depth of ditches 18 inches MAX

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.

Authorized Agent for Harnett County Health Department

Name: Bryan M Swails Date: 2/18/99