#### 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:           |                                |                     |
|---------------------------------------|---|--------------------------|--------------------------------|---------------------|
| STEDE                                 | GI) 11555   |                          | 919 498-                       | (131                |
| OWNER NAME JICIT                      | 510 WE133   | PHONE                    | 111-110                        | 6131                |
| OWNER NAME STEPH PHYSICAL ADDRESS 498 | RIDGE VIEW DI   | R CAME                   | RON NC                         | 28326               |
| MAILING ADDRESS (IF DIFFFEREN         | T THAN PHYSICAL)  |                          |                                | 29                  |
| IF RENTING, LEASING, ETC., LIST P     | ROPERTY OWNER NAME  |                          |                                |                     |
| HIGHLANDS                             |   |                          |                                |                     |
| SUBDIVISION NAME                      | LOT #/TRACT #   | STATE RD/HWY             | SIZE                           | OF LOT/TRACT        |
| Type of Dwelling: Modular             | [] Mobile Home [] S   | tick built [] Other      |                                |                     |
| Number of bedrooms 3                  | [] Basement   |                          |                                |                     |
| Garage: Yes M No []                   | Dishwasher: Yes [X] No []   |                          | Garbage Disposal: Yes [] No 🕅  |                     |
| Water Supply: [] Private Well         | Community System  | County                   |                                |                     |
| Directions from Lillington to your    | site: 24/27   | CEFT                     | on RI                          | DEFUEW              |
|                                       |   |                          |                                |                     |
|                                       |   |                          |                                |                     |
|                                       |   |                          |                                |                     |
| In order for Environmental Hea        | alth to help you with your repo   | air, you will need to co | omply by completing            | the following:      |
|                                       | d map" and "deed to your proper   | rty" must be attached to | this application. Pleas        | se inform us of any |
| 2. The outlet end of the tan          | showing on your survey map.<br>k and the distribution box will nee<br>s flagged, underground utilities ma |                          | 71 (f) (f) (f) (f) (f) (f) (f) |                     |

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.

| - , .            | ou received a violation letter for a failing system from our office? [ ] YES [>] NO  |  |  |  |
|------------------|--|--|--|--|
| ), w             | ithin the last 5 years have you completed an application for repair for this site? [ ] YES [/] NO  |  |  |  |
|                  | 2004   |  |  |  |
| r ho             | me was built (or year of septic tank installation) 2004  |  |  |  |
|                  |  |  |  |  |
| tic              | r of system  |  |  |  |
| igno             | er of System   |  |  |  |
|                  |  |  |  |  |
| 1.               | Number of people who live in house?  |  |  |  |
| 2.               | What is your average estimated daily water usage?gallons/month or daycounty  |  |  |  |
|                  | 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   |  |  |  |
| ٥.<br>۸          | When was the septic tank last pumped? $\frac{3}{23}$ How often do you have it pumped? $\frac{3}{2}$  |  |  |  |
| 4.               | If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly   |  |  |  |
|                  | 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 [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 [🖂] 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 [X] NO If yes,   |  |  |  |
|                  | please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets  |  |  |  |
|                  |  |  |  |  |
|                  | Do you have an underground lawn watering system? [ ] YES MO  |  |  |  |
| 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 GOTTGRS  |  |  |  |
| 15.              | Are there any underground utilities on your lot? Please check all that apply:  |  |  |  |
|                  | [义 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?   |  |  |  |
|                  | first noticed? WATER NOT DRAINING INTO DRAIN SYSTER  |  |  |  |
| 17.              | Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy  |  |  |  |
| ecomposition Fid | rains, and household guests?) [ ] YES [ ] NO If Yes, please list WASH CLOTHES  |  |  |  |
|                  | 10 NOTE   10 NOT |  |  |  |

HTE 04-5-10580

## H NETT COUNTY HEALTH DEPAR ENT ENVIRONMENTAL HEALTH SECTION

17408

# **OPERATIONS PERMIT**

| Name: (owner) Terri Cizzi                                       | New Installation Septic Tank       |
|---|------------------------------------|
| Property Location: SR# N(24/27                                  | Repairs Nitrification Line         |
| Subdivision The His Land & Cheaves                              | Lot # 42                           |
| Tax ID #  | Quadrant #                         |
| Contractor: Larry Shaye   | Registration #                     |
| Basement with Plumbing: Garage:                                 | Line, OK TMA DR 11-12-04           |
| Water Supply: ☐ Well ✓ Public ☐ Community                       | weeds French PRAINS Installed      |
| Distance From Well:ft.  | As shown on poend                  |
| Following are the specifications for the sewage disposal system | on above captioned property.       |
| Type of system: Conventional Other 7, n                         | chp,                               |
| Size of tank: Septic Tank: /50 gallons Pump                     | Tank:gallons                       |
| Subsurface No. of exact length of each ditch 200 ft.            | width of depth of ditches 1824 in. |
| French Drain Required: Linear feet                              |                                    |
| Date:   | 12.8-04                            |
| Inspe   | 12.8-04<br>cted by:                |
| PERMIT NO. 21344  | Environmental Health Specialist    |
| 04  |                                    |
| A A   |                                    |
| \$ LO \60   |                                    |
| 2 d   | - 1 3BC 100 D1                     |
| ( ) 21'   | 42 1                               |
|   | 121                                |
| Rem's of  | Dar                                |
|   | is!                                |
| 37  | -13                                |
| 124'  | 94                                 |

## HARNY T COUNTY HEALTH DEPARTME

# HTE 04-5-10580

## **IMPROVEMENT PERMIT**

21344

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) Terri Cieni New Installation A Septic Tank Property Location: SR# W NC 24/27 Repairs Nitrification Line Subdivision The HighLand C Sherward Forest Lot # 42 \_\_\_\_\_ Quadrant # \_\_\_\_ Tax ID # Number of Bedrooms Proposed: 3(42x72) Lot Size: 54AC Garage: I Pump is required Because Area for Community have was graded foun at Least 2' Basement with Plumbing: Public Water Supply: □ Well Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Mother Purp to Conventional Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Size of tank: width of ditches\_3\_ft. depth of ditches 18-24in. exact length Subsurface No. of of each ditch 200 ft. ditches Drainage Field French Drain Required: 405 Linear feet French Pron is home 42" +. 48" I Gravel This permit is subject to revocation if site Lot 41 plans or intended use change. LIVE WAY Load 20 112 Place French Along to Lot 41/42 Property Line - Finish extending French DRAIN Along Property Zine Meet on Meet on Keep DRAIN Lines 25 from Side & PRAN Property Line Site

# APTHORIZATION TO CON TRUCT

| Harnett County Department of Public Health, Improvement Permit # 2\3\4   |  |  |  |  |  |
|--|--|--|--|--|--|
| 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.  |  |  |  |  |  |
| Terri Cieni  |  |  |  |  |  |
| Name   |  |  |  |  |  |
| Telephone #  |  |  |  |  |  |
| Address  |  |  |  |  |  |
| NC 24/27   |  |  |  |  |  |
| Property Location SR#  Road Name   |  |  |  |  |  |
| The High Landie 42 3(42172) 54 Az Subdivision Sheeword Lot Size  |  |  |  |  |  |
| Subdivision   Lot # Bedrooms Proposed   Lot Size   |  |  |  |  |  |
| TYPE OF SYSTEM   |  |  |  |  |  |
| [ New Installation [ ] Repair Septic Tank Witrification Lines  |  |  |  |  |  |
| [] New Installation [] Repair Septic Tank Witrification Lines [] Conventional [] Other Long Conventional   |  |  |  |  |  |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing  |  |  |  |  |  |
| Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.   |  |  |  |  |  |
| Septic Tank gal Pump Chamber gal   |  |  |  |  |  |
| NITRIFICATION FIELD SPECIFICATIONS   |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of fields # of lines per field Length of lines 200 Ft.  Width of ditches ft. Depth of ditches finches   |  |  |  |  |  |
| French Drain: Linear feet required 455 Depth of gravel 48  |  |  |  |  |  |
|  |  |  |  |  |  |
| No wastewater system shall be covered or also also   |  |  |  |  |  |
| 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 walid Operation B. |  |  |  |  |  |
| the conditions of the Improvement Permit and that a valid Operations Permit has been installed according to  |  |  |  |  |  |
|  |  |  |  |  |  |
| Wor West RS  |  |  |  |  |  |
| Signature of Authorized Agent for Harnett County  Date   |  |  |  |  |  |
| 1  |  |  |  |  |  |

HARNETT COUNTY JAX ID#

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2014 FEB 03 12:41:18
BK:3189 PG:1000-1001
FEE:\$25.00
INSTRUMENT # 2014001289

THESTER



Prepared By and Return To: Attorney Steve Bunce

File #39393-13

WITHOUT TITLE EXAMINATION

Revenue Stamps \$ None

Tax Pin Number: 09 9565 0132 62

**NORTH CAROLINA** 

HARNETT COUNTY

**GENERAL WARRANTY DEED** 

THIS DEED made and entered into this 23rd day of January, 2014, by and between **Stephen F. Weiss, unmarried**, hereinafter called "Grantor," whose mailing address is 498 Ridge View Drive Cameron, NC 28326 and **Stephen F. Weiss and Marilyn May Knapp, as joint tenants with full right of survivorship**, whose mailing address is 498 Ridge View Drive Cameron, NC 28326, hereinafter called "Grantee".

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include the singular, plural, masculine, feminine, or neuter as required by context.

#### WITNESSETH:

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 (with the exceptions hereinafter stated, if any), all the certain tract or parcel of land situated in the Town of Cameron in Johnsonville Township, Harnett County, North Carolina, and more particularly described as follows:

BEING all of Lot 42 of the Highlands at Sherwood Forest Subdivision, Phase 2, as shown on the map recorded as Harnett County Registry Map #2002-1419; and being the same property conveyed to Stephen F. Weiss and wife, Ann G. Weiss by deed recorded in Book 2031, Page 249. Ann G. Weiss died on 03/08/2012 in Moore County and the property passed to Stephen F. Weiss as the surviving tenant by the entirety.

It is the specific intention and purpose of this deed to convey to the above described property to the Grantees as joint tenants, and not as tenants in common, with full right of survivorship, the whole estate to vest in the survivor in the event of the death of either Grantee.

This property does include the primary residence of the Grantor(s).

TO HAVE AND TO HOLD the aforesaid tract 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 except for the exceptions hereinafter stated, if any.

Title to the property hereinabove described is subject to the following exceptions:

- a. County and/or Municipal Zoning Ordinances, Rules and Regulations.
- b. Restrictive Covenants, Easements and Rights of Way of record.
- c. 2014 Ad Valorem Taxes.

IN WITNESS WHEREOF, the Grantors have hereunto set their hands, the day and year first above written.

Stephen F. Weiss

STATE OF NORTH CAROLINA

COUNTY OF CUMBERLAND

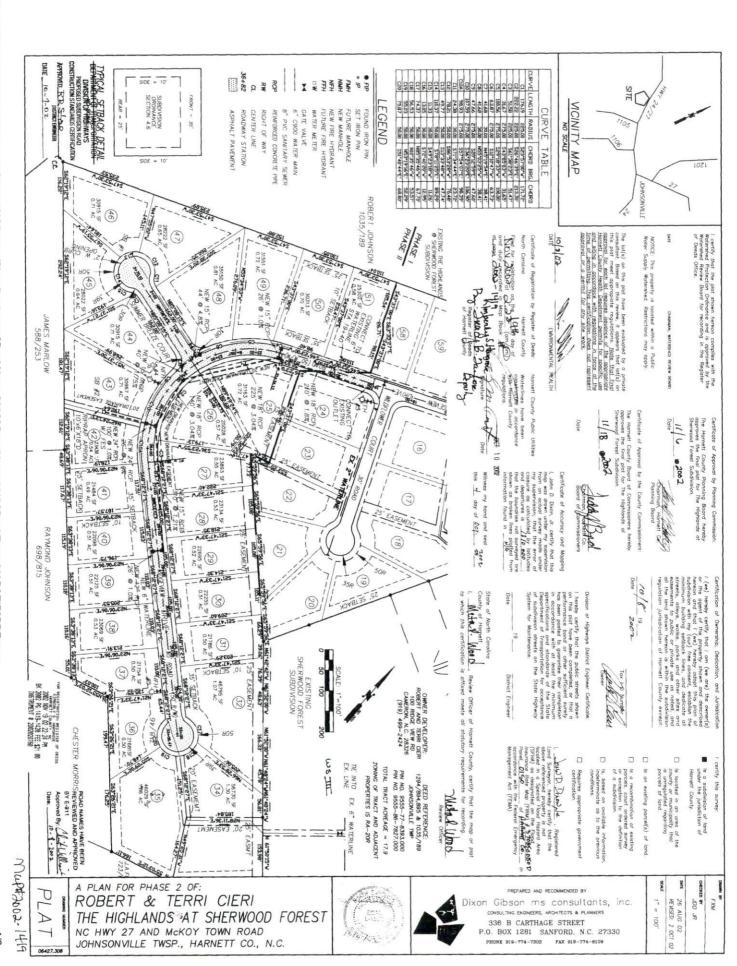
I certify that the following person(s) personally appeared before me this day each acknowledging to me that he or she signed the foregoing document: Stephen F. Weiss.

DONALD S BUNCE
Notary Public
Cumberland County, NC

Donald S. Bunce
Printed Name of Notary Public

My Commission Expires: 11/29/2017

PDF.js viewer





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

Filed For Registration: 11/19/2002 02:22:24 PM

Book: PLAT 2002 Page: 1419-1420 Jament No.: 2002020780 MAP 2 PGS \$21.00

Recorder: TRACY B TAYLOR

State of North Carolina, County of Harnett

uty/Augustum Regins of Deeds

\*2002020760\*