

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 RUBY B. SMITH EMAIL ADDRESS: rubby.smith254@gmail.com
PHONE 336-318-2235
PHYSICAL ADDRESS 833 DOGS RD, LILLINGTON 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: HWY 27W TO DOGS RD.

- 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.

Ruby B. Smith 4-17-2023
Owner Signature Date

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2018 APR 10 04:48:57 PM
BK:3595 PG:87-89
FEE:\$26.00
INSTRUMENT # 2018004856

TWESTER

HARNETT COUNTY TAX ID#

030507-0045-01
030507-0045
4/10/18 BY [Signature]



2018004856

Prepared by and Return to:

Reginald B. Kelly, Attorney at Law, P.O. Box 1118, Lillington, NC 27546

The attorney preparing this instrument has made no record search or title examination of the property described herein, and expresses no opinions as to title or tax consequences, unless contained in a separate written certificate.

PID#: 030507 0045

REVENUE STAMPS: -0-

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

**WARRANTY
DEED**

This **WARRANTY DEED** is made the 28th day of March, 2018, by and between **Rubye Baker Smith a/k/a Rubye B. Smith, widow**, of 2120 Carl Drive, Asheboro, NC, 27203 (hereinafter referred to in the neuter singular as "the Grantor") and **Rubye Baker Smith** of 2120 Carl Drive, Asheboro, NC, 27203 (hereinafter referred to in the neuter singular as "the Grantee");

WITNESSETH:

THAT said Grantor, for valuable consideration, 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, all of that certain piece, parcel or tract of land situate, lying and being in Lillington Township of said County and State, and more particularly described as follows:

BEING all of Lots 6 and 7 as shown on a map of the R.L. Holder division of his Newkirk-Sprunt land, said map being duly recorded in Map Book 7, Page 133, Harnett County Registry, North Carolina.

For reference to chain of title see Deed Book 3017, Page 404, Harnett County Registry.

**The property herein described is () or is not (XX) the primary residence of the Grantor (NCGS 105-317.2)

Edward Keith Smith died testate on June 21, 2017. His Will was probated in file 17E662 in Randolph County and it devised his real estate to his wife Rubye Baker Smith. A certified copy of that Will has been filed in Harnett County. The purpose of this deed is to establish a record in the Register of Deeds that establishes the passing of title to Rubye Baker Smith. Grantee assumes the existing debt and deed of trust filed in Deed Book 3017, Page 408, Harnett County Registry. Also the deed recorded in Deed Book 3017, Page 404 created a tenancy by the entireties in Edward Keith Smith and wife, Rubye B. Smith and at the death of Edward Keith Smith the real estate passed to Rubye B. Smith by operation of law.

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, but subject always, however, to the limitations set out above.

AND the said Grantor covenants to and with said Grantee, its heirs, successors, administrators and assigns that it is lawfully seized in fee simple of said lands and premises, and has full right and power to convey the same to the Grantee in fee simple (but subject, however, to the limitations set out above) and that said lands and premises are free from any and all encumbrances, except as set forth above, and that it will, and its heirs, successors, administrators and assigns shall forever warrant and defend the title to the same lands and premises, together with the appurtenances thereunto appertaining, unto the Grantee, its heirs, successors, administrators and assigns against the lawful claims of all persons whomsoever.

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

 (SEAL)
RUBYEBAKER SMITH

STATE OF NORTH CAROLINA
COUNTY OF Harnett

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

Witness my hand and official seal, this 9th day of April, 2018.



Shelia F. Graham
Notary Public

My Commission Expires: 8/8/2021

HTE# E119030006

Harnett County Department of Public Health

No. 26046

PERMIT # _____

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 833 Docs Rd

Name: (owner) RUBYE SCOTT SUBDIVISION _____ LOT # _____

System Installer: TERRY MARLES Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

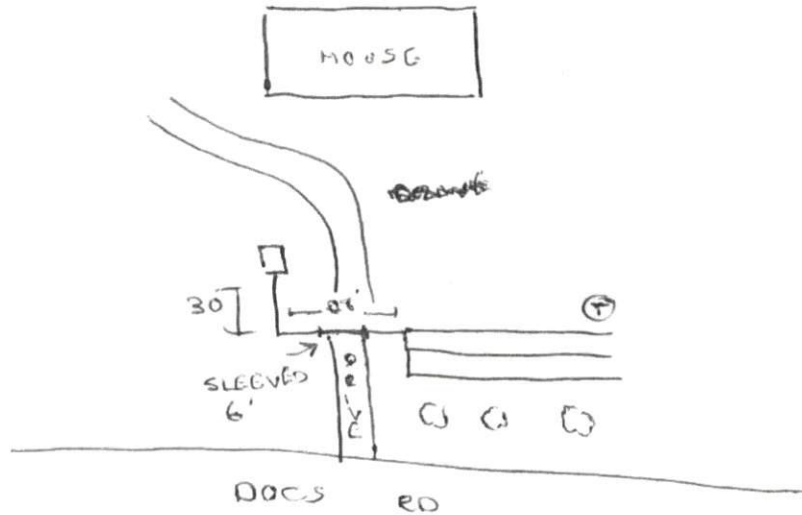
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: III 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.



PERMIT CONDITIONS:

- I. 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: _____
 V. Other: _____

_____ D-Box _____ Pump _____ Alarm _____ H2O Line _____ PWR Line

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

Type of system: Conventional Other CHAMBER (24) Septic Tank: EXISTING gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 1 exact length of each ditch 210 feet width of ditches 3 feet depth of ditches 18-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent REHS

Date 4/4/19

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____ PROPERTY LOCATION: _____
 SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: _____
 Proposed Wastewater System Type: _____
 Projected Daily Flow: _____ GPD
 Number of bedrooms: _____ Number of Occupants: _____ max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 No expiration
 Permit conditions: _____

Authorized State Agent: _____ Date: _____ SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization (Required for Building Permit)

The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958 and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Rubye Smith PROPERTY LOCATION: 833 Docs Rd
 SUBDIVISION _____ LOT # _____

Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater flow: 360 GPD
 (See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size <u>Existing</u> gallons	Number of trenches <u>3</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>70</u> feet	Soil Cover: <u>6-12</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>18-24</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/- 1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe
		_____ inches above pipe
		_____ inches total

Conditions: _____

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: *I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.*

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 3/25/2019
 Construction Authorization Expiration Date: 6/25/2019

HTE# EHA03-0006

Permit # _____

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 833 Docs Rd

ISSUED TO: RUBY SMITH SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~_____~~ OLIVER TOLKSOOD Date: 3/25/19

