HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546

MATTHEW HINTON

LILLINGTON, NC 2754 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

		FMΔ	II ADDRESS: +	-m e e o r	d 2000	egmail.ec
	11	Livin	IL ADDITION 1			J
OWNER NAME / ERRI D.	Mc CORD		PHONE_			
PHYSICAL ADDRESS 84 FRES	BURNS RI	> Holi	Y SPRI	VGS N	C 275	140
MAILING ADDRESS (IF DIFFFERENT THA	N PHYSICAL)					
IF RENTING, LEASING, ETC., LIST PROPE	RTY OWNER NAME_					
BURKHORN PARTNERS	1					U3 ACRE
SUBDIVISION NAME	LOT #/TRACT #	ST	ATE RD/HWY		SIZE	OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home	[] Stick built	t [X] Other	SINGLE	FAMZLY	- Z STORY
Number of bedrooms <u>3</u> []	Basement					
Garage: Yes [No []	Dishwasher: Ye	s 🏿 No []		Garb	age Disposa	l: Yes [] No [⁄]
Water Supply: [] Private Well	[] Community S	ystem	○ County			
Directions from Lillington to your site:	401 N	, 42	W ,	LEFT	on W	ADE
STEPHENSON,	RICHT ON	FRED	BURNS) F	IR57	HOUSE
UN RIGHT						
In order for Environmental Health t	o help you with yo	ur repair, you	will need to d	omply by o	completing	the following:
1. A "surveyed and recorded ma	o" and "deed to you	r property" mus				
wells on the property by showing 2. The outlet end of the tank and			uncovered and	proporty lir	os flagged	After the tank is
uncovered, property lines flagg us at 910-893-7547 to confirm	ged, underground uti	lities marked, ar	nd the orange s			
Your system must be repaired within 3 letter. (Whichever is applicable.)		with the second constitution of the second		he time set	within rece	ipt of a violation
By signing below, I certify that all of the the denial of the permit. The permit is						

Owner Signature

3JUN 2022

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.

lso, w	ou received a violation letter for a failing system from our office? [] YES [X] NO within the last 5 years have you completed an application for repair for this site? [] YES [X] NO			
ear honstalle	ome was built (or year of septic tank installation) 2021 er of system MATTHEN HINTON Tank Pumper			
	er of System			
1.	Number of people who live in house? 2 # adults # children # total			
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			
	If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 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 [X] NO Where does it drain?			
Q	Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO			
	Are you or any member in your household using long term prescription drugs, antibiotics or			
	chemotherapy?] [X] YES [] NO If yes please list			
10	. Do you put household cleaning chemicals down the drain? [X] YES [] NO If so, what kind? BLEACH WITEN RINSING			
	. 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			
13	. Do you have an underground lawn watering system? [] YES [X] NO			
	. 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:			
	INTERNET Power M Phone M Cable [] Gas [] Water			
16	. Describe what is happening when you are having problems with your septic system, and when was this			
	First noticed? WATER COMING # THROUGH CROUND			
	The second of th			
17	. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [Y YES [] NO If Yes, please list 207 アルンCK かんいき			
	OVER DRAIN FIELD			

D000E - 1 101

HARNETT COUNTY TAX ID # 050635 0089 01

For Registration Matthew S. Willis
Register of Deeds
Harnett County, NC
Electronically Recorded
2021 Jan 29 04:16 PM NC Rev Stamp: \$ 136.00
Book: 3932 Page:151 - 151 Fee: \$ 26.00
Instrument Number: 2021002209

01-29-2021 BY: SB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$136.00					
Parcel Identifier No. 050635 0089 01 Verified by	County on the day of, 20 By				
Mail/Box to: GRANTEE					
This instrument was prepared by: Midtown Property Law, 4800 S	ix Forks Road, Suite 120, Raleigh, NC 27609				
Brief description for the Index: Lot 1 Buckhorn Partners LLC BM					
THIS DEED made this 4TH day of JANUARY	, <u>2021</u> , by and between				
GRANTOR	GRANTEE				
Buckhorn Partners LLC 2330 OAKRIDGE RIDGE ROAD FUQUAY VARINE, NC 27526	Terri Dawn McCord and Greg Thurmond, a married couple 84 Fred Burns Road Holly Springs, NC 27540				
singular, plural, masculine, feminine or neuter as required by cont WITNESSETH, that the Grantor, for a valuable consideration pa and by these presents does grant, bargain, sell and convey uni	de said parties, their heirs, successors, and assigns, and shall include ext. and by the Grantee, the receipt of which is hereby acknowledged, has to the Grantee in fee simple, all that certain lot, parcel of land or county, North Carolina and more particularly described as follows:				
Being all of Lot 1 as shown in that plat entitled "Minor Subdivision 2020, Page 366, Harnett County Registry.	on Survey for Buckhorn Partners LLC" as recorded in Book of Maps				
Parcel ID: 050635 0089 01 Property Address: 84 Fred Burns Road, Holly Springs, NC 27540					
The property hereinabove described was acquired by Grantor by	instrument recorded in Book 3860 page 358-360.				
All or a portion of the property herein conveyed \(\square\) includes or \(\square\)	does not include the primary residence of a Grantor.				
A map showing the above described property is recorded in Plat I	Book <u>2020</u> page <u>366</u> .				

Submitted electronically by "Midtown Property Law" in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

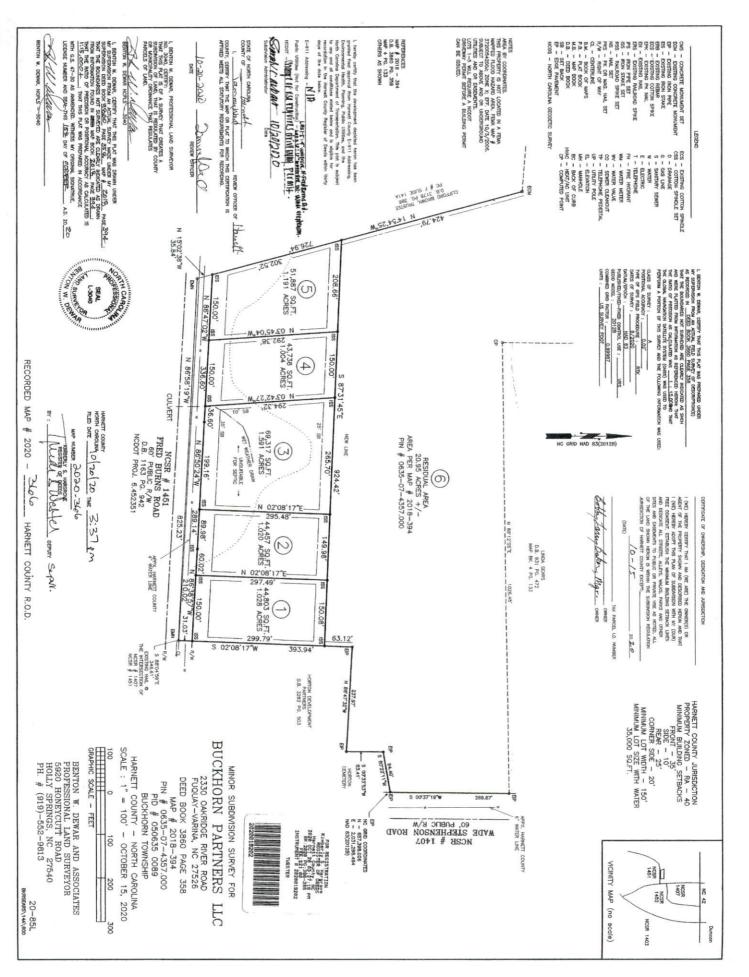
TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

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:

1. Ad valorem taxes for the current year and subsequent years.

2	Easements.	restrictions and	other matters of	record	affecting t	title to	the sub	ject	property	Y.
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IN WITNESS WHEREOF the Buckhorn (a) (Entity Name) Byw Bobby Larry Print/Type Name & Title:	Baker mber/manager	Buckhorn Partners LLC **Bobby Jany Baker** (SEAL) Bobby Larry Baker
NOTAR L *** *** OUBLIC COUNTY	I, the undersigned Notary Public of Baker, personally appeared before Member/Manager of Buckhorn Pacompany/general partnership/limit authority duly given and as the actin its name on its behalf as its act this 4 day of Tankary	of the County and State aforesaid, certify that <u>Bobby Larry</u> e me this day and acknowledged that he is the <u>artners LLC</u> , a North Carolina or corporation/limited liability ted partnership (strike through the inapplicable), and that by t of such entity, he signed the foregoing instrument and deed. Witness my hand and Notarial stamp or seal
(Affix Notary Seal)	Notary Public	Notary's Printed or Typed Name



Harnett County Department of Public Health

Operation Permit PERMIT # 5FD 2011-0046 521407 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 84 FIED OURS 25 (WADE STEPHELES OD) Name: (owner) TERRI MCCORD SUBDIVISION BUCKHOIN PARTNERS System Installer: MATTHED HINTON # 6304 Garage Number of Bedrooms Basement with plumbing: Distance from well _____ Type of Water Supply:

Community
Public
Well System Type: 25% NEOVCTON 5-5. III Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. * CANNET TO D-BOX REUNE DISTAIBUTION 3B2 500 A PERMIT CONDITIONS System shall perform in accordance with Rule .1961. Performance: As repuired by Rule 1961 II. Monitoring: As required by Rule . 1961. Other: FRED BURNS 20AD Maintenance: Subsurface system operator required? Yes \(\square\) No \(\sqrt{\operator}\). If yes, see attached sheet for additional operation conditions, maintenance and reporting. Operation: Other: _____ Pump 🗆 _____ Alarm 🗆 H20Line **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property. gallons Pump Tank: Septic Tank: 1 (Sees) & Other GH CHAMBER THE Type of system:

Conventional width of depth of exact length Subsurface ditches inches Drainage Field of each ditch ditches French Drain Required: 04/28/2021 Authorized State Agent