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

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OWNER NAME Sara WI	rittington l	10W9 PHONE 91	19-868-29937919-639-2
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PHYSICAL ADDRESS 129	US4011V	tuguay Va	UNINA, NO 21526
MAILING ADDRESS (IF DIFFFERENT TH	IAN PHYSICAL) 961	Mabry Rd	Angier, NC 27501
IF RENTING, LEASING, ETC., LIST PROP	ERTY OWNER NAME_S	ARA W. Yo	UNG
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home [M	Stick built [] Other	
Number of bedrooms 2 []	Basement		
[]	Justinent	/	
Garage: Yes [] No [/]	Dishwasher: Yes [/] N	No []	Garbage Disposal: Yes [] No []
Water Supply: [] Private Well	[] Community System	n M County	
Directions from Lillington to your site:	Take 401	North towa	erd Fuguer. Travel
approx. 12 mile	s until you	reach Sp	ence Mill road to
the left, This	residence is	I the next	house on the left
after you pas	a Spence Mi	el.	
In order for Environmental Health			
A <u>"surveyed and recorded ma</u>	p" and "deed to your prop	erty" must be attached to t	this application. Please inform us of any
wells on the property by show			
2. The outlet end of the tank and	and underground utilities	eed to be uncovered and pr	operty lines flagged. After the tank is n has been placed, you will need to call
us at 910-893-7547 to confirm			nas been placed, you will need to call
Your system must be repaired within 3			time set within receipt of a violation
letter. (Whichever is applicable.)	V		
Du cigning holess 1 contife that all after	a abassa lafassa al I		
the denial of the permit. The permit is	subject to revocation if the	rect to the best of my know e site plan, intended use. o	wledge. False information will result in rownership changes.
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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]
ear home was built (or year of septic tank installation)
nstaller of system WN KNOW N
Septic Tank Pumper UNKNOW N
Designer of SystemUNKNOWN
1. Number of people who live in house? 2 # adults # children # total
2. What is your average estimated daily water usage? 4977 gallons (month) or day Harnellounty
water. If HCPU please give the name the bill is listed in Wendy Little
3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly W/A
4. When was the septic tank last pumped? UNKNOWN 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 [V] NO Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES [V] 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? [YYES [] 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 ShingleS
15. Are there any underground utilities on your lot? Please check all that apply:
[] 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?
9130/2023 TANK COLLASPED / ROOTS
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
One of the control of

STATE OF NORTH CAROLINA	Wake	
		by
	wife, Mary M. Spence,	
of Wake	County and State of North Carolina	, of the first part,
. Odie C. Whittington	, and wife, Clara T. Whittington,	and the second s
	onty and State of North Carolina	, of the second part:
	ed Dollars, and other good and valuable	s consideration, Della
to them paid by parties of	the s econd part	
	lasy. bargained and sold, and by these presents do	and assigns, a certain tract or purcel
	dwife, Mary M. Spence.	or rotth carona, adjoining the moto
		nd others, and bounded as follows, vi
n which they reside, and r orth 11 deg. 30' west 210 eet to said Whittingtons N	outh west corner of said Whittingtons uns south 76 deg. 30' west 105 feet to feet to a stake, thence North 78 deg. orth west corner, thence along the saing, containing a cre (2) of land.	a stake, thence
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	CORRECT SECURITY AND AREA SECURITY AND AREA SECURITY	, · · · · · · · · · · · · · · · · · · ·
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Odie C. Whittington, and	wife, Clara T. Whittingtowers and assigns, to	their only use and behoof fore
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Odie C. Whittington, and and the said D. M. Spence. Sr for them set ves and their heirs and assigns, that they seized or clear from all encumbrances, and that traines of all persons whomsoever IN TESTIMONY WHEREOF, the said has Ve hereusto set their hand S Attest: STATE OF NORTH CAROLINA. Attest: STATE OF NORTH CAROLINA. Attest: D. M. Spence. Shis wife, personally appeared before me this and the said Marry M. Spencer said husband, touching igned the same freely and usband or any other person Witness my hand and note Witness my hand and note Witness my hand and official seal, this	isrife, Clara T. Whitting to beirs and assigns, to and wife, Mary M. Spence. heirs, executors and administrators, coverant S. with said fault premises in fee and ha we wife Clara to whit to said premises in fee and ha we wife Clara to whit to said premises in fee and ha we wife Clara to white they do hereby forever warrant and will forever defend to be made to be said and year first above written. D. M. Spence Mary M. Spence Mary M. Spence Mary M. Spence of the being by me privately examined, seps her voluntarily, without fear or compulsion and that she doth still voluntarily a rial seal this 24 day of May A D 1955 day of	their only use and behoof fore in the control of the same are free in the same in the same are free in the same in the same are free in the same in the same against in the same in the same against in the sa

STATE OF NORTH CAROLINA—HARNETT COU The foregoing certificate of B. W. Acid County, is adjudged to be correct. Let the instrum		ary I	Public	of W ₁	ake
County, is adjudged to be correct. Let the instrum Witness my hand andOfficision, th	is 10 day of June	. Currir	n, Deputy		, A. D., 19 55 Clerk Superior Court.
Filled at 10:30 o'clock A M. June	10 19 55 and r		10 day of Jur	16	, 19 55 , Register of Deeds.

SENTER & STEPHENSON

NORTH CAROLINA

COUNTY OF Harnett

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Odie C. Whittington, of the County of Harnett, State of North Carolina, hereby make, constitute, and appoint Clara T. Whittington, of the County of Harnett, State of North Carolina, or if for any reason he cannot act as my power-of-attorney, then I hereby constitute and appoint Sara W. Bradley my true and lawful alternate attorney-in-fact for me and in my name, place, and stead, giving unto said attorney-in-fact full power to act in my name, place and stead in any way which I myself could do if I were personally present with respect to the following matters as each of them is defined in Chapter 32A of the North Carolina General Statutes to the extent that I am permitted by law to act through an agent:

(1)	real	property	transacti	ons;
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personal property transactions;

bond, share and commodity transactions;

banking transactions;

safe deposits;

business operating transactions;

insurance transactions; estate transactions;

personal relationships and affairs;

tax, social security and unemployment; benefits from military service;

any lawful act which I could perform for myself.

And I do hereby ratify and affirm those acts which my attorney in fact shall lawfully do or cause to be done for and in my behalf.

This power of attorney shall not be affected by my subsequent incapacity or mental incompetence and will remain in effect until revoked by me or my death.

All requirements of the appointed power of attorney for the rendering of inventory and accounts to the Clerk of Superior Court is herein expressly waived.

Reference to attorney-in-fact herein shall equally include any alternate attorney-in-fact or substituted attorney-in-fact.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal, this the 18th day of March, 1986.

Odie C. Whiteington (SEAL)

Mar 26 11 43 AM 186

eayle P. Holder

REGILTER OF DEED!

LARMETT COUNTY.

NORTH CAROLINA

COUNTY OF WAKE

PUBLIC COUNTY

On this 18th day of March, 1986 personally appeared before me, the said Odie C. Whittington, to me known and known to me to be the person described in mad who executed the foregoing instrument and he acknowledged that he executed worker oregoing instrument are true.

My commission expires: 2/22/89

notary public The foregoing certificate(s) of

Notary Public (Notarias Public) Islare certified to be correct. This instrument is presented for registration

and recorded in this office at Book 799 page