

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 Katherine Hurt EMAIL ADDRESS: redheadedsweetie81@gmail.com
PHONE 984 234 1476
PHYSICAL ADDRESS 593 Cherokee Lane Lillington NC
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 9010 Dunwoody Court Lillington NC 27546
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

| | | | |
|---|--|--------------|--|
| SUBDIVISION NAME | LOT #/TRACT # | STATE RD/HWY | SIZE OF LOT/TRACT |
| Type of Dwelling: <input type="checkbox"/> Modular <input type="checkbox"/> Mobile Home <input type="checkbox"/> Stick built <input type="checkbox"/> Other <u>Vacant</u> | | | |
| Number of bedrooms _____ <input type="checkbox"/> Basement | | | |
| Garage: Yes <input type="checkbox"/> No <input type="checkbox"/> | Dishwasher: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Garbage Disposal: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Water Supply: <input type="checkbox"/> Private Well <input type="checkbox"/> Community System <input type="checkbox"/> 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.

Katherine Hurt
Owner Signature

10/25/23
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) N/A
Installer of system unknown
Septic Tank Pumper unknown
Designer of System unknown

1. Number of people who live in house? _____ # 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:
 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?
septic not usable tree growing in system.

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 _____

On-site Wastewater Inspection

Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address 593 CHEROKEE LANE
LILLINGTON Street NC 27546
City St Zip

Client Name: _____

Current owner of Record _____

Date of Inspection: 10/11/2023

_____ Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

_____ Gallons per day for designed system size or number of bedrooms as stated in available local health department information

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

Copy of Operations permit from HARNETT County Environmental Health Attached

Operations permit not available

System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name N/A

Most recent performance, operation and maintenance reports are attached not available

Type of water supply Well Public Water Community Water Spring

Location of Septic Tank and septic tank details:

- ft from house or structure
- N/A ft from well if applicable
- 100 ft from water line if applicable and readily visible
- 30 ft. from property line if said property lines are known
- 1FT distance from finished grade to top of tank or access riser
- NO Access riser(s) yes no Describe _____
- NO Tank lids intact yes no
- YES Tank has baffle wall yes no Describe condition of baffle wall: GOOD
- YES Inflow to tank is noted as sufficient
- NO Inflow to tank is noted as insufficient or blocked
- NO Water level in tank is relative to tank outlet
- YES Outlet T is present yes no Describe condition of Outlet T: _____
- NO Outlet has filter yes no Describe condition of filter: _____
- Effluent leaves the outlet yes no
- YES Roots present in tank yes no Describe extent of roots: LARGE AMOUNT
- NO Evidence of tank leakage Describe: _____
- NO Evidence of non-permitted connections, such as downspouts or sump pumps
- YES Connection present from house to tank
- YES Connection present from tank to next component
- Percentage of solids in tank
- N/A Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ unknown

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? yes (complete blanks below) no

- _____ ft from house or structure
- _____ ft from well or spring if applicable
- _____ ft from water line if applicable
- _____ ft. from property line if property lines are known
- _____ ft from septic tank
- _____ Distance from finished grade to top of tank or access riser
- _____ Access risers in place yes no
- _____ Describe type of access risers: _____
- _____ Describe condition of tank lids _____
- _____ Location of control panel: _____
- _____ Condition of control panel: _____
- _____ Audible and visible alarms (as applicable) work
- _____ Pump turns on and effluent is delivered to next component
- _____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: Conventional Accepted Innovative Experimental Controlled Demonstration Pretreatment; Type of Pretreatment _____ N/A

Brief Description of System Type _____

_____ ft. from property line if property lines are known

_____ ft from septic/pump tank

2 # of lines

UNKNOWN length of lines

NO Evidence of past or current surfacing at time of inspection

Briefly describe: _____

NO Evidence of traffic over the dispersal field

YES Vegetation, grading and drainage noted that may affect the condition of the system or system components

_____ Effluent is reaching the dispersal field

- Conditions present that prevented or hindered the inspection
- Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____
- Consequences of the adverse condition: _____

Client should contact HARNETT County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: ROOTS HAS INFILTRATED INTO SEPTIC TANK AND POSSIBLY THE DRAINFIELD SYSTEM FUTHER EVALUATION MAYBE BY LOCAL HEALTH DEPARTMENT TO DETERMINE BEST COURSE OF ACTION TO FIX THE ISSUE

Inspector Name: REGINALD CARTER Certification # 7300 I

Address 600 BLADEN CIRCLE, FAYETTEVILLE NC 28312

Phone 910-237-2003

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature:  Date 10/11/2023

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2003 MAR 12 02:02:49 PM
BK:1734 PG:943-945 FEE:\$17.00
NC REVENUE STAMP:\$40.00
INSTRUMENT # 2003004588

HARNETT COUNTY TAX I.D.#
03.0501.021413
3-12-03 BY SKB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax:

Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____, 20____

By: _____

Mail/Box to: REGINALD B. KELLY, REGINALD B. KELLY, 900 S. MAIN STREET, LILLINGTON, NC 27546

This instrument was prepared by: REGINALD B. KELLY, 900 S. MAIN STREET, LILLINGTON, NC 27546

Brief description for the Index: _____

THIS DEED made this 12th day of March, 20 03, by and between

GRANTOR

TERRY DAVID JUDE and wife, PATTY ANN JUDE
593 Cherokee Lane
Lillington, NC 27546

GRANTEE

KATHERINE MARIE HURT K.H.
904 Norwood Drive, Apt. 3
Fayetteville, NC 28305

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

WITNESSETH, that 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, all that certain lot or parcel of land situated in the City of _____ Barbeque Township, HARNETT County, North Carolina and more particularly described as follows:

ALL of Lot 71 as shown on that certain survey for Landmark Development, Section III, by Mickey R. Bennett, RLS, dated May 15, 1990, and recorded in Plat Cabinet F, Slide 17-C, Harnett County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book _____ page _____.

A map showing the above described property is recorded in Plat Book _____ page _____.

NC Bar Association Form No. L-3 © 1976, Revised © 1977, 2002

Printed by Agreement with the NC Bar Association - 1981 SoftPro Corporation, 333 E. Six Forks Rd., Raleigh, NC 27609



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:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

(Entity Name)

Terry David Jude (SEAL)

By: Title:

Patty Ann Jude (SEAL)

By: Title:

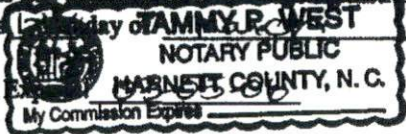
(SEAL)

By: Title:

(SEAL)

State of North Carolina - County of HARNETT

I, the undersigned Notary Public of the County and State aforesaid, certify that Terry David Jude and Patty Ann Jude personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 1st day of January, 2003



Tammy R. West Notary Public

State of North Carolina - County of

I, the undersigned Notary Public of the County and State aforesaid, certify that personally came before me this day and acknowledged that he is the a North Carolina or corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this day of , 20.

My Commission Expires: Notary Public

State of North Carolina - County of

I, the undersigned Notary Public of the County and State aforesaid, certify that

Witness my hand and Notarial stamp or seal, this day of , 20.

My Commission Expires: Notary Public

The foregoing Certificate(s) of is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Register of Deeds for County Deputy/Assistant - Register of Deeds