

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: Mrking1030@yahoo.com

OWNER NAME Justin King

PHONE 919 614 0809

PHONE NUMBER 919 614 0809

PHYSICAL ADDRESS 83 Macon CT E Sanford, NC

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 366 Clark Rd Lillington, NC

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

Highland Forest
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: _____

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.

Justin King
Owner Signature

12/8/23
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) 2004

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults 3 # children 5 # 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? 10/2023 How often do you have it pumped? 3 yrs
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?
Roots in one drain line
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 _____

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2017 Jun 01 02:02 PM NC Rev Stamp: \$ 0.00
Book: 3510 Page: 244 - 246 Fee: \$ 26.00
Instrument Number: 2017007945

HARNETT COUNTY TAX ID#
03-9587-11-0020-42

06-01-2017 BY CW

NORTH CAROLINA SPECIAL WARRANTY DEED

Excise Tax: Exempt

Return To: Grantee 83 Macon Court E, Sanford, NC 27332

This deed was prepared by Lora Howard (without title search and/or examination), North Carolina Bar No. 41324, who certifies that it is in a form that is in accordance with applicable local, state and Federal law.

This Indenture, made on the 15th day of May, 2017 by and between the Secretary of Veterans Affairs, an Officer of the United States of America, whose address is Department of Veterans Affairs, 810 Vermont Ave. N.W., Washington, DC 20420, hereinafter referred to as Grantor, and Justin T. King, an individual with an address of 147 Chatham Street, Sanford, North Carolina 27330, hereinafter referred to as Grantee.

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 Barbeque Township, Harnett County, North Carolina and more particularly described as follows:

SITUATED IN THE _____ TOWNSHIP OF BARBEQUE,
COUNTY OF HARNETT AND STATE OF NORTH CAROLINA:

BEING ALL OF LOT NUMBER 101 IN A SUBDIVISION KNOWN AS
HIGHLAND FOREST, PLAT OF THE SAME BEING DULY RECORDED IN
PLAT BOOK 2003, AT PAGE 1165, HARNETT COUNTY REGISTRY, NORTH
CAROLINA.

TAX ID NO: 03958711 0020 42 (PARCEL) 1500009488 (ACCT. NO.)

ADDRESS: 83 MACON COURT E, SANFORD, NC 27332

Tax Code Number: 03958711 0020 42

Commonly known as: 83 Macon Court E, Sanford, North Carolina 27332

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

All or a portion of the property herein conveyed _____ includes or X does not include the primary residence of a Grantor.


A map showing the above described property is recorded in PLAT BOOK 2003, AT PAGE 1165, HARNETT COUNTY REGISTRY.

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 has done nothing to impair such title as Grantor received, and Grantor will warrant and defend the title against the lawful claims of all persons claiming by, under or through Grantor, other than easements and encumbrances of record and property taxes for the current year.

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

THE SECRETARY OF VETERANS AFFAIRS,
An officer of the United States of America
By the Secretary's duly authorized property
Management contractor, Vendor Resource
Management, pursuant to a delegation of authority
found at 38 C.F.R. 36.4345(f)

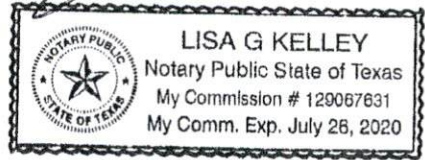

Printed Name and Title Gene Fisher, SUP

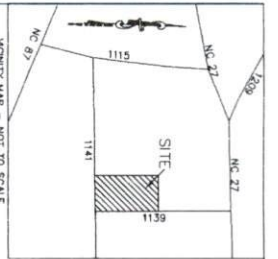
STATE OF TX
COUNTY OF Denton

On this date, before me personally appeared Gene Fisher, pursuant to a delegation of authority contained in 38 C.F.R. 36.4345(f), to me known to be the person who executed the foregoing instrument on behalf of the Secretary of Veterans Affairs, and acknowledged that he executed the same as the free act and deed of said Secretary.

In Witness Whereof, I have hereunto set my hand and affixed my official seal in the State of TX aforesaid, this 15th day of May, 20 17.

NOTARY PUBLIC
My Term Expires: _____





2003024893
 REGISTRATION ASSISTANT OF DEEDS
 2003 DEC 04 02:24:31 PM
 2003 DEC 04 02:24:31 PM
 2003 DEC 04 02:24:31 PM
 INSTRUMENT # 2003024893

DEPARTMENT OF TRANSPORTATION
 DIVISION OF HIGHWAYS
 PROPOSED SUPERSTRADE ROAD
 CONSTRUCTION STANDARDS CERTIFICATION
 E. P. STAFFE
 APPROVED WEA
 11-25-03
 DATE

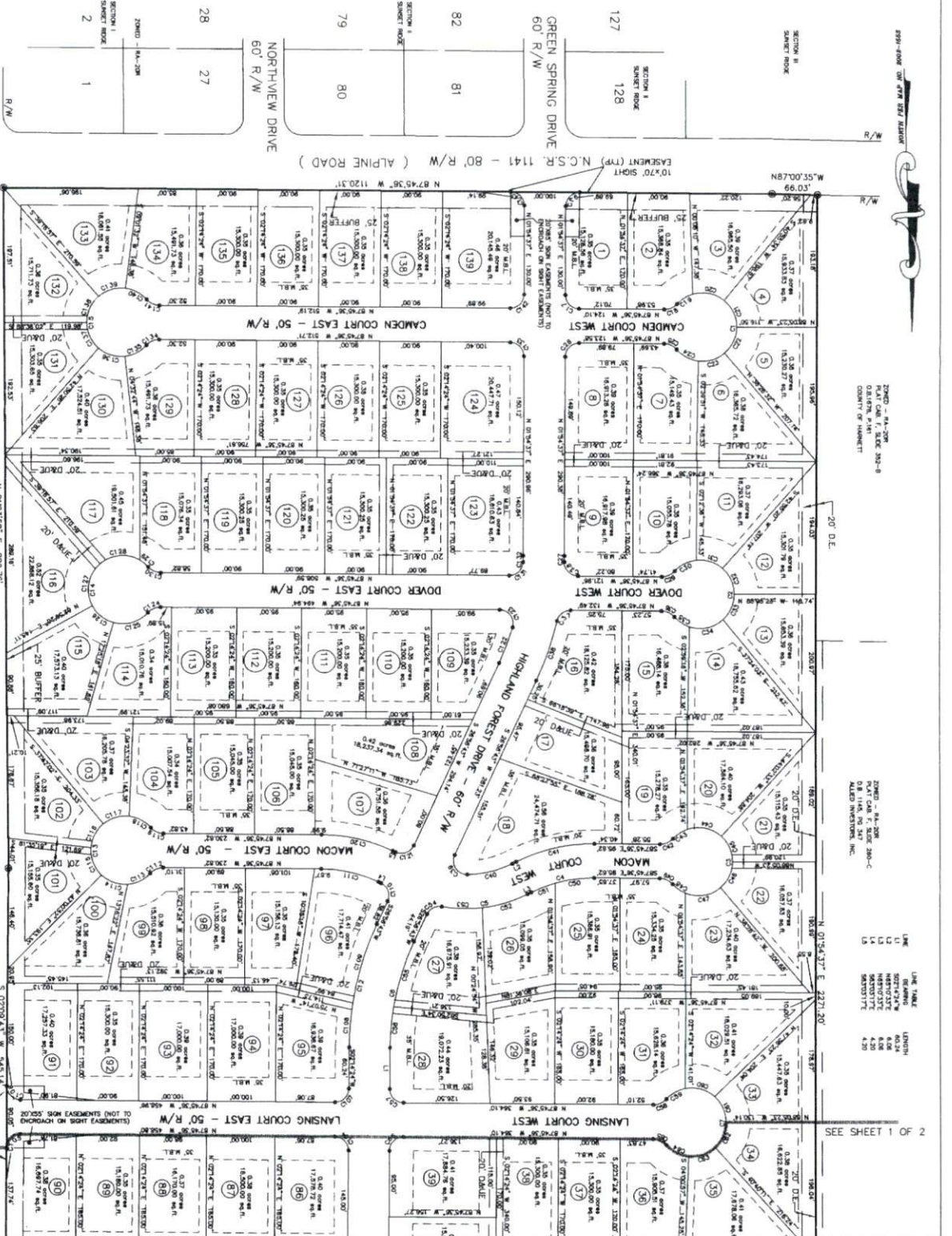
NOTE: NEW IRON STAKES SET @
 ALL NEW LOT CORNERS

**HIGHLAND FOREST
 PINNACULAR PLAT**

PREPARED FOR
 NPS ASSOCIATES
 BARBOULE TOWNSHIP, HARNETT COUNTY, NC
 PREPARED BY
 BENNETT SURVEYS, INC.
 1862 CLARK RD., LILLINGTON, N.C. 27546
 PHONE: 910-893-5252 DATE: NOVEMBER 24, 2003
 SCALE: 1" = 100' FILE NAME: NPS ASSOCIATES
 JOB #03066 GRAPHIC SCALE

(IN FEET)
 1 inch = 100 ft.

SHEET 2 OF 2



NORTH CAROLINA HARNETT COUNTY
 I, E. P. STAFFE, a Licensed Professional Surveyor in North Carolina, do hereby certify that I have personally supervised the making of this plat and that the same is a true and correct representation of the actual survey made by me or under my direct supervision and that the same conforms to the requirements of the laws of North Carolina relating to the recording of surveys.

LEGEND:
 BOUNDARY SURVEYING
 D.C. - DISTRICT COURT
 D.E. - DISTRICT EASEMENT
 C.C. - COMMON CARRIER
 C.G. - COMMON GROUND (TYP)
 N.W. - NORTH WEST CORNER
 S.W. - SOUTH WEST CORNER
 S.E. - SOUTH EAST CORNER
 N.E. - NORTH EAST CORNER
 S. - SOUTH
 N. - NORTH
 E. - EAST
 W. - WEST

NOTES:
 1. ALL LOTS ARE TO BE CONVEYED TO THE STATE OF NORTH CAROLINA.
 2. THE STATE OF NORTH CAROLINA SHALL BE RESPONSIBLE FOR THE INSTALLATION OF ALL NECESSARY UTILITY LINES AND STRUCTURES.
 3. THE STATE OF NORTH CAROLINA SHALL BE RESPONSIBLE FOR THE INSTALLATION OF ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY.
 4. THE STATE OF NORTH CAROLINA SHALL BE RESPONSIBLE FOR THE INSTALLATION OF ALL NECESSARY FLOOD ZONE MARKINGS AND STRUCTURES.
 5. THE STATE OF NORTH CAROLINA SHALL BE RESPONSIBLE FOR THE INSTALLATION OF ALL NECESSARY SIGNAGE AND MARKINGS.

SEE SHEET 1 OF 2

MAN # 2003-1165

SEE SHEET 1 OF 2

HTE 04-5-8814R

ARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17226

OPERATIONS PERMIT

Name: (owner) Caviness Land New Installation Septic Tank
 Property Location: SR# 1141 Repairs Nitrification Line
 Subdivision Highland Forest Lot # 101
 Tax ID # _____ Quadrant # _____
 Contractor: D.C. CARTER Registration # _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community 3 Bedroom
 Distance From Well: 50 ft.

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

Type of system: Conventional Other 25% Reduction system EEC-222 Flow
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.
 French Drain Required: _____ Linear feet

Date: 2-18-05
 Inspected by: Joe WARD
 Environmental Health Specialist

PERMIT NO. 20411

SR 1139



HTE 04-5-8814R

IMPROVEMENT PERMIT

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) CAVINESS LAND New Installation Septic Tank
Property Location: SR# 1141 Repairs Nitrification Line

Subdivision Highland Forest Lot # 101

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (50x51) Lot Size: 0.35 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other 25% Reduction SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 75 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet of 25% Reduction SYSTEM

Date: 3-26-04

This permit is subject to revocation if site SR1139 plans or intended use change.

Signed: [Signature]
Environmental Health Specialist

