

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: DTJ VERNON@yahoo.com

OWNER NAME timothy VERNON

PHONE 606-636-8145

PHYSICAL ADDRESS 408 SENTER LN. BUNNLEVEL NC. 28323

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

SENER Hills

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.

Timothy Vernon
Owner Signature

1-26-24
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) 1998

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults 0 # children 2 # total
2. What is your average estimated daily water usage? 1,100 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? 1-23-24 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?
TOILET CLEANER
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
TOILET, SHOWER
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 Crawl space Encapsulation
15. Are there any underground utilities on your lot? Please check all that apply: SUMP PUMP & DRAIN
 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?
CRACK IN TANK
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 _____



HARNETT COUNTY TAX ID#

01-0535-01-0100-1e
9/20/11 BY (CW)

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2011 SEP 20 12:22:29 PM
BK: 2908 PG: 195-197 FEE: \$22.00
NC REV STAMP: \$300.00
INSTRUMENT # 2011013709

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 300.00

Parcel Identifier No. 01053501 010016 Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail/Box to: The Barfield Law Firm, 639 Executive Place, Suite 104, Fayetteville, NC 28305

This instrument was prepared by: The Barfield Law Firm, 639 Executive Place, Suite 104, Fayetteville, NC 28305

Brief description for the Index: LOT 17, Senter Hills

THIS DEED made this 15th day of September, 2011 by and between

GRANTOR

Joe Looney and wife,
Cristina Looney
2300 Town & Country Rd.
Mountain View, AR 72560

GRANTEE

Timothy A. Vernon and wife,
Diana L. Vernon
408 Senter Lane
Bunnlevel, NC 28323

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

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 Bunnlevel, Anderson Creek Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Lot 17, Senter Hills Subdivision, Section 1 according to a plat of the same duly recorded in Plat Cabinet F, Slide 618A Harnett County Registry, North Carolina.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1900 page 617.

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 F page 618A.

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:

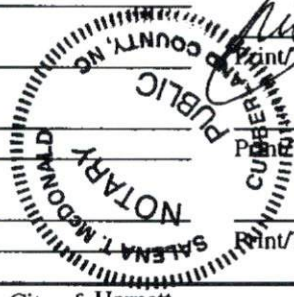
IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

 (Entity Name) Joe Looney (SEAL)
 By: _____ Print/Type Name: Joe Looney

 Print/Type Name & Title: _____ (SEAL)
 _____ Print/Type Name: Cristina Looney

By: _____ (SEAL)
 Print/Type Name & Title: _____ Print/Type Name: _____

By: _____ (SEAL)
 Print/Type Name & Title: _____ Print/Type Name: _____



State of North Carolina - County or City of Harnett

I, the undersigned Notary Public of the County or City of Cumberland and State aforesaid, certify that Joe Looney and wife, Cristina Looney 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 15th day of September, 2011.

My Commission Expires: September 16, 2012
 (Affix Seal)

Salena T. McDonald Notary Public
 Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, 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: _____
 (Affix Seal)

 Notary Public
 Notary's Printed or Typed Name

State of _____ - County or City of _____

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

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

My Commission Expires: _____
 (Affix Seal)

 Notary Public
 Notary's Printed or Typed Name

OPERATIONS PERMIT

Name: (owner) Homestead Land & Timber Trng. Co. Inc New Installation Septic Tank
 Property Location: SR# 1125 Repairs Nitrification Line
 Subdivision Senter Hills Sec. 1 Lot # 17
 TAX ID# _____ Quadrant # _____
 Contractor: D.C. Carter Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min ft.

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

Type of system: Conventional Other Pump to EEP-222 Lag IJWS-95
3R

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

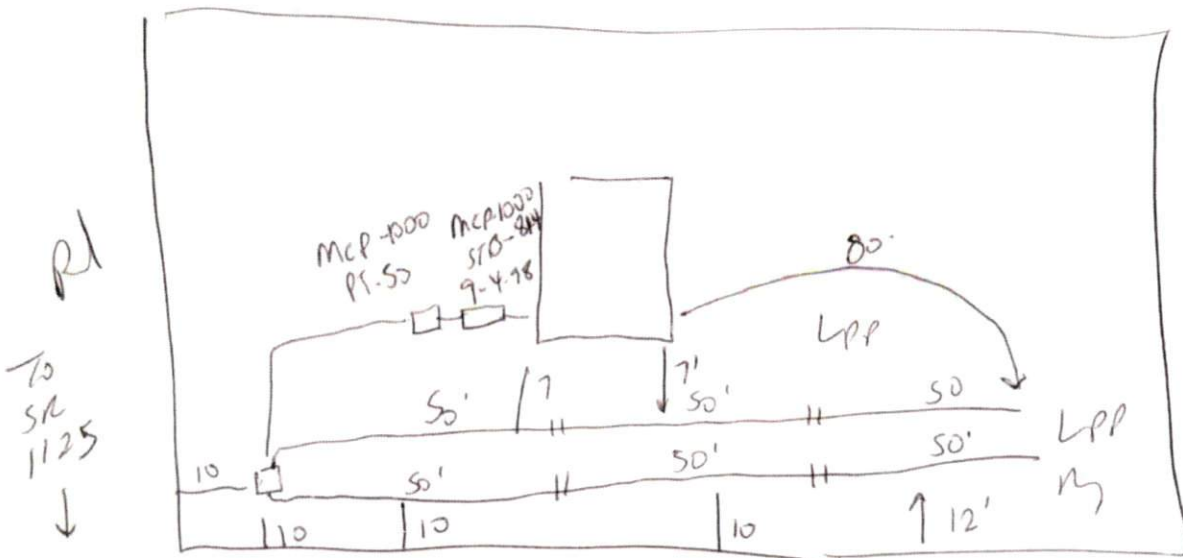
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain: _____ Linear feet

Date: 12-7-78

PERMIT NO. 11233

Inspected by: [Signature]
Environmental Health Specialist



Lines OK, Tank & Pump OK 11-30-98 QHW
Needs Alarm & Box checked

HARNETT COUNTY HEALTH DEPARTMENT

№ 15077

IMPROVEMENT PERMIT

Address # 11233

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) Hornstead Land Tractor Trng Pools New Installation Septic Tank
 Property Location: SR# 1125 Repairs Nitrification Line

Subdivision Centre Hills Sec. 1 Lot # 09/10/11
 Tax ID # _____ Quadrant # 11
 Number of Bedrooms Proposed: 3 Lot Size: 1.03 acres

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 min ft. 710-867-5384
J. Byrd / Environmental Health

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

Type of system: Conventional Other Pump to Blystjens Aggregate Tank SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons ILWS 95-3R

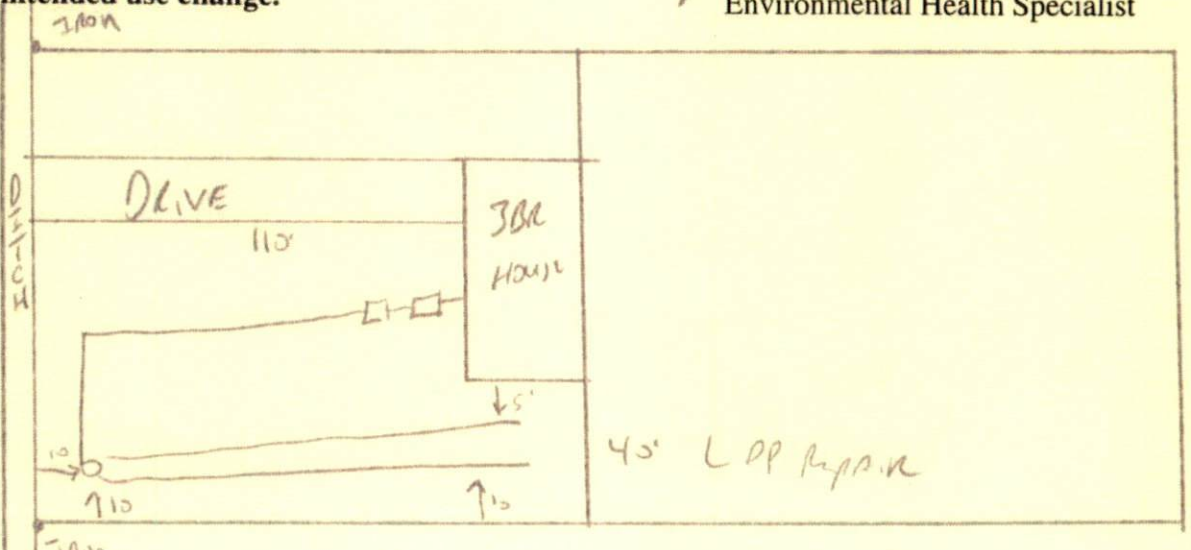
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: ~~10-14-98~~ 9-14-98

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

Signed: J. Byrd
 Environmental Health Specialist



Must meet onsite before installing
Follow contours MA, UN 3x100 EEE222 by

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Replaces #11233

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15077. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent Homestead Land Partners Tony Price

Name: _____ Telephone # 867-3753

Address: _____

Property Location: SR # 1125 Road Name _____

New Installation _____ Repair _____ Septic Tank _____ Nitrification Lines _____

Subdivision Sandy Hills Lot # 17

Number of Bedrooms Proposed: 7 Lot size: 1.00 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional _____ Other Pump to ECC. 222 in

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 150

Width of ditches 3 ft. Depth of ditches 18.24 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 10-14-98 9-14-98

COMMENTS:

Lot 17

8/12 No failure except at D-Box

8/13 Spoke with Mr. Vernon about clearing roots out of D-Box, or replacing D-Box. He asked about cutting down the pine tree close to the D-Box. I advised him that he would need to relay info of septic system to the tree company so they don't damage the system

REPLACE ROOT CROGS WITH SOLID PIPE. SEE NOTES ON REPAIR
PAPERWORK. 05 9/9/13

