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: 10	seph sanvel egmall.
OWNER NAME Bonald JO	hn Bailey	PHONE_G	19.218.6902 Cor
PHONE NUMBER			2
PHYSICAL ADDRESS 600 COT	ton Rd. Fley	iay Varina No	21524
MAILING ADDRESS (IF DIFFFERENT TH	AN PHYSICAL)		
IF RENTING, LEASING, ETC., LIST PROP	ERTY OWNER NAME		
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home	Stick built [] Other	
Number of bedrooms <u>43</u> []	Basement		
Garage: Yes No []	Dishwasher: Yes	lo []	Garbage Disposal: Yes [] No []
Water Supply: [] Private Well	[] Community System	n M 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:

- A <u>"surveyed and recorded map"</u> and <u>"deed to your property"</u> must be attached to this application. Please inform us of any wells on the property by showing on your survey map.
- 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.

Owner Signature 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 [YNO Also, within the last 5 years have you completed an application for repair for this site? [] YES [YNO
Vear home was built (or year of septic tank installation) 2013 Installer of system Unknown Septic Tank Pumping Inc Designer of System Haynest County
 Number of people who live in house?# adults# children# total What is your average estimated daily water usage?gallons/month or daycounty 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?
8. Do you use an "in tank" toilet bowl sanitizer? [] YES MO 9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [] NO If yes please list
11. Have you installed any water fixtures since your system has been installed? [] YES [YNO 12. Have jour 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: [V] Power [] Phone [V] Cable [V] Gas [] Water 16. Describe what is happening when you are having problems with your septic system, and when was this
first noticed? Leaking out of ends of Septic lines inoticed Fall of 2023.
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [YYES [] NO If Yes, please list_yes when heavy
Water usage

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

at 609 cotton Rd Fuguery - veries	, am the legal owner(s) of the property located
at Los offen Pol Follow - veries	Ne 275-26	identified as
PIN (Parcel Identification Number)		, located in-XXXXX
Harnett County, North Carolina.		
I do hereby authorize (print legal representative At Septic Tank Pumping Inc. to for/signing/obtaining any of the documents des	act as an agent on my or	Seph Sawel sehalf in applying
 Application for Improvement Permit 	(IP) / Authorization to C	onstruct (AC)

- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decision behalf and the Haynett	ns and/or conditions _ County Departme	between the legal represent	ental Health Division.
Signature of Owner(s)	3-24-24 Date	Signature of Witness	April 8,2024

D0010 - 1 010

HARNETT COUNTY TAX ID # 080643 0006 03

For Registration Matthew S. Willis
Register of Deeds
Harnett County, NC
Electronically Recorded
2021 May 05 12:37 PM NC Rev Stamp: \$ 340.00
Book: 3978 Page: 913 - 914 Fee: \$ 26.00
Instrument Number: 2021010215

05-05-2021 BY: EG

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 340.00

Tax Identification Number: 080643 0006 03

Prepared by/Mail to: Adcock Law Firm, P.A., PO Box 1478, Fuquay-Varina, NC 27526			
Brief Description for the index	609 Cotton Road		
THIS DEED made this 3rd TH day of MAY, 2021, by and between			
GRANTOR	GRANTEE		
TRAVIS E. DAWSON and wife, NICOLE M. DAWSON 3591 Harnett Central Road Angier, NC 27501	RONALD J. BAILEY and wife, STEPHANIE L. BAILEY 609 Cotton Road Fuquay-Varina, NC 27526		

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 or near the City of _______, Hector's Creek Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 1, approximately 4.760± acres, as shown on that map entitled: "Exempt Division Survey For Travis & Nicole Dawson," recorded at Map Number 2019, Page 447, Harnett County Registry, reference to which is hereby made for greater certainty of description.

All or a portion of the property herein conveyed <u>DOES</u> include the primary residence of a Grantor. The property hereinabove described was acquired by Grantor by instrument recorded in Book <u>2824</u>, page <u>780</u>, & 3975, page 351, Harnett County Registry.

A map showing the above described property is recorded in Map Number 2019, page 447.

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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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

- 1. All easements, covenants, restrictions and right of ways of record;
- 2. 2021 ad valorem taxes;
- 3. ThAll matters as shown in Map Number 2019, page 447, Harnett County Registry;
- 4. Subject to the right of way of Cotton Road.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

__(SEAL)

WWW. (SEA

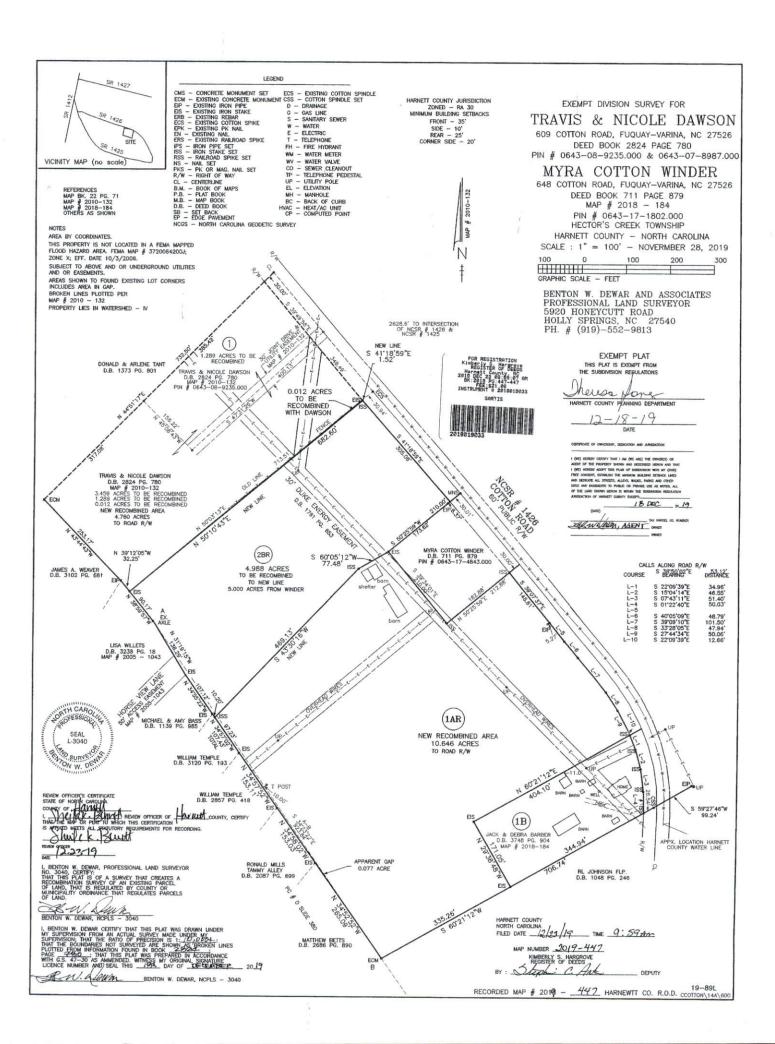
NORTH CAROLINA HARNETT COUNTY

I, the undersigned notary public, do hereby certify that **TRAVIS E. DAWSON AND NICOLE M. DAWSON**, personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this May 4, 2021

Paula M. Whitsell

My commission expires: 13 AUG 2023

Notary Public



Ha tt County Department of Publi lealth HTE# 11-5-266ZOR 23180 Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion PERMIT # 26446 PROPERTY LOCATION: 32/475 Cottoned LOT # Z Name: (owner) Traves Dawson SUBDIVISION Registration # System Installer: Derest Fredu Basement with plumbing: Garage Wumber of Bedrooms ☐ Well Distance from well Type of Water Supply:
Community Public System Type: 25% Notwork System Type II 6 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. Horse PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Performance: Monitoring: As required by Rule .1961. II. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes 🗌 No 🗅 If yes, see attached sheet for additional operation conditions, maintenance and reporting. Operation: Other: D-Box Pump □ Alarm □ H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1000 gallons Pump Tank: Type of system:
Conventional Other 2595 Reproduction depth of width of

ditches

inches

3-25-14

exact length

Linear feet

of each ditch

Subsurface

Drainage Field French Drain Required:

Authorized State Agent

ditches

HTE# 11-5-26620 R Harnen County Department of Public mealth

Improvement Permit

26446

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / understand the system type specified is different from the type specified on the application. / accept the specifications of this permit. Owner/Legal Representative Signature:	A building permit cannot be issued with only an Improvement Permit
Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Specific Daily Flow: Site Improvements required prior to Construction Authorization Issuance: Type of Waterwater System Type System Type System Structure System Syste	1
Type of Water System Type: \$7.6 \$6.0 \$6.0 \$7.0 \$6.0 \$7.0 \$6.0 \$7.	
Projected Daily Flow: SUD_ GPD Marker Supply: Community Public Well Guance from well feet Permit valid for: Five years Permit conditions: Full State August State August Public Well Guance from well feet Permit valid for: Five years Permit conditions: Full State August Public Well Guance from well feet Permit valid for: Five years No expiration No expirat	
Projected Daily Flow: SUD GPD Number of Occupants:	
Number of Decapants:	
Basement 4s 16 16 16 16 16 16 16 1	
Pump Required: Yes No	
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years No expiration	
Authorized State Agent: Authorized State Agent:	Pump Required: Lites Lines Limit May be required based on final location and elevations of facilities
Authorized State Agency Date: Dat	Don't confidence of the Confid
Authorized State Agent. Date:	remit conditions: [No expiration SCIF Skotch for Expet (August
The construction of this permit by the Appropriate governing bodies in meeting their requirements. The issuance of the permit half not be affected by a change in ownership of the site. This permit is subject to recompliance with the previsions of the Laws and Bules for Swage Treatment and Bisposal and to confisions of this permit. Construction Authorization Required for Building Permit	101.010
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Construction Authorization (Required for Boulding Permit) The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1958, 1957, 1958 and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: CANUS DADSON PROPERTY LOCATION: SUPUZES COHEMINS SUBDIVISION Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater Systems** 250 Foundation Systems** 2	
Construction Authorization (Required for Building Permit) The construction and installation requirement of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attacked system types. ISSUED TO:	
Required for Building Permit	
Required for Building Permit	
Required for Building Permit	Construction Authorization
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PROPERTY LOCATION: SALYUES Coffee AS SUBDIVISION LOT # Z	
Subdivision Repair	
Subdivision Repair	ISSUED TO: I RAVIS DAWSON PROPERTY LOCATION: SR1475 COTTON PROPERTY LOCATION:
Facility Type: Separation Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% 1560 1570	
Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% 1600 700 505 500 500 Type of Wastewater System** 25% 1600 700 505 500 Thistallation Requirements/Conditions Number of trenches 4 Septic Tank Size 1000 gallons Exact length of each trench 600 feet Trench Spacing: Feet on Center Soil Cover: inches inches Maximum Trench Depth of: 24 inches Maximum Trench Depth of: 24 inches Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM Gentlements Conditions: Follow Steel Skeel For Fracel Largest This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Steel AttachEd SITE Sketch Steel Construction Authorization is subject to compliance with the provisions of the laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Steel AttaChEd SITE Sketch	
Septic Tank Size DOD gallons Exact length of each trench DOD feet Trench Spacing: Feet on Center	ALL MARKET SPECIAL SPE
Septic Tank Size DO gallons Exact length of each trench DO feet Trench Spacing: Feet on Center Feet Feet on Center Spacing Feet on Center	
Installation Requirements/Conditions Number of trenches 4 Septic Tank Size Gallons Exact length of each trench Go feet Trench Spacing: Feet on Center Feet	
Installation Requirements/Conditions Number of trenches 4	(See note below, if applicable [])
Septic Tank Size	The State of the S
Pump Tank Sizegallons	Installation Requirements/Conditions Number of trenches
Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements:ft. TDH vsGPM	
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Pump Requirements:	Maximum Trench Depth of: 29 inches (Maximum soil cover shall not exceed
Pump Requirements:ft. TDH vsGPM	(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
Aggregate Depth:	in all directions)
Aggregate Depth:	Pump Requirements: ft. TDH vs. GPM GPM inches below pipe
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / understand the system type specified is different from the type specified on the application. / accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	Aggregate Douth
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S 4/1 1/2/4 /P/D	2 1 1 1 A = 1400
Authorized State Agent: Date: BOOLOTO 10-3-13	Authorized State Agent: James & MANhand Franks Date: 10-3-13

Construction Authorization Expiration Date:

HTE# 11-5-26670R

Permit # 2644 6

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 501425	Cotton	RD		
ISSUED TO: TRAVES DAWSON	SUBDIVISION			LOT # _	2
Authorized State Agent: James 2 M	Anhante	Date:	10-3-13	3	

