

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: Schettig Lyle@gmail.com

OWNER NAME Lyle Schettig PHONE 845 492 6488

PHYSICAL ADDRESS 73 Gwendolyn Way, Fuquay-Varina, NC 27526

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

Ballard Woods
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.

[Signature]
Owner Signature

9/20/24
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) 2013

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults _____ # children 2 # 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 Lyle Schottig
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? 03/24 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 Lisinopril,
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 No
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?
water coming out of ground from leach fields / pooling water with septic smell.
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 heavy rain, heavy water use

HTE# 13-5-31053

Harnett County Department of Public Health

PERMIT # 27377

Operation Permit

22995

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 521457 Ballard Rd

Name: (owner) Cumberland Homes Inc SUBDIVISION Ballard Woods LOT # 150

System Installer: Ted Brown Registration # _____

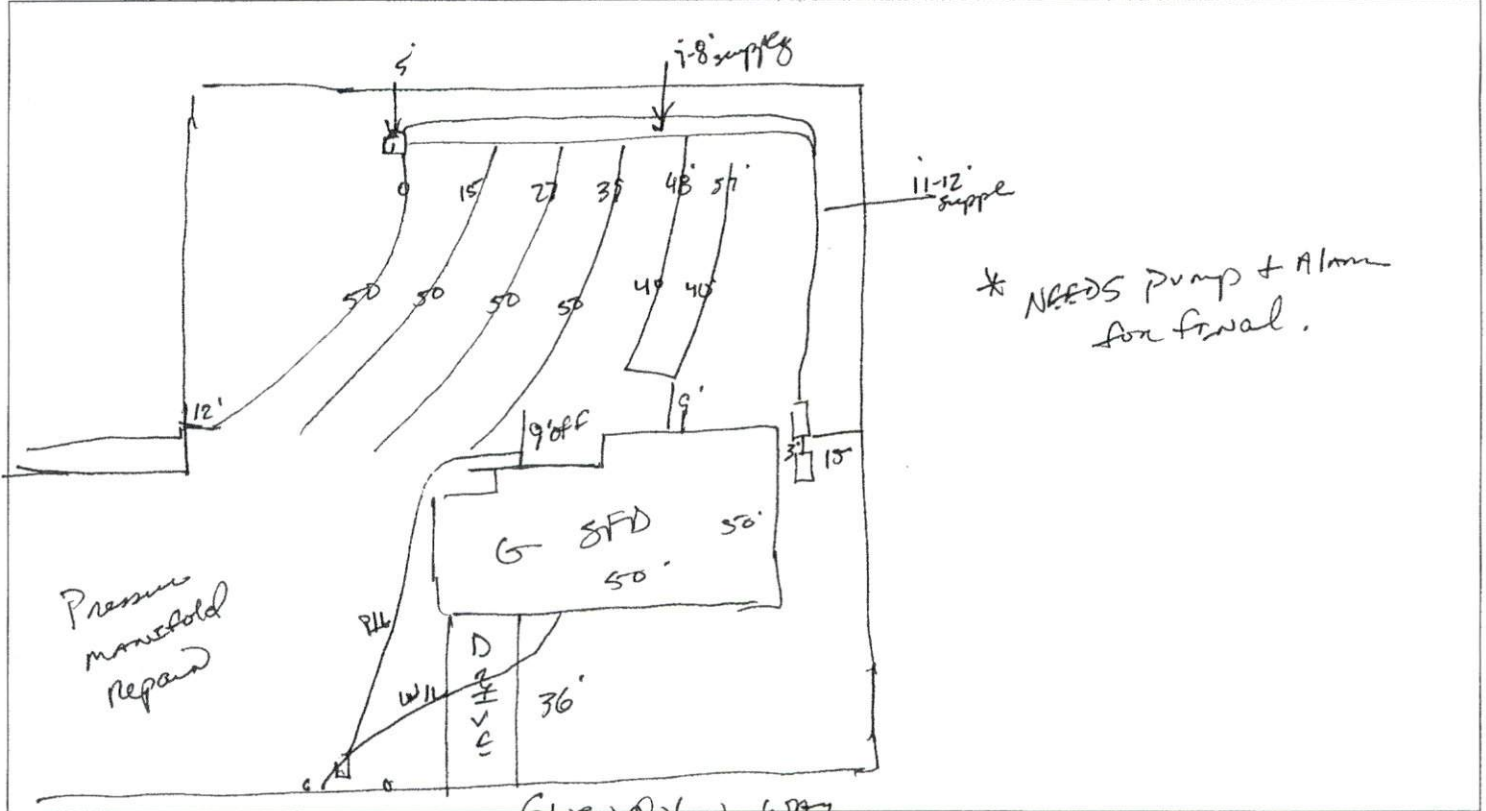
Basement with plumbing: Garage Number of Bedrooms _____

Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Up to 25% 2FD System Pressure monitored Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Type II B Inspector 08/24/13 Owner must contact Health Department 6 months prior to expiration for permit renewal.

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.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other 15% reduction pressure monitored Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4-2 of each ditch 50-40 feet ditches 3 feet ditches 18.20 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Markham Date 10-31-13

HTE# 13-5-31059

Harnett County Department of Public Health Improvement Permit

27377

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Cumberland Homes Inc PROPERTY LOCATION: SR 1437 Balland Rd
 NEW REPAIR EXPANSION SUBDIVISION Balland Woods LOT # 150
 Site Improvements required prior to Construction Authorization Issuance:
 Type of Structure: SFD
 Proposed Wastewater System Type: _____
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 No expiration
 Permit conditions: Follow Pressure Manifold Report for install

Authorized State Agent: James E. Manhart Date: 5-14-13 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements 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 attached system layout.

ISSUED TO: Cumberland Homes Inc PROPERTY LOCATION: SR 1437 Balland Rd
 SUBDIVISION Balland Woods LOT # 150
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Pressure Manifold (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable
Pressure Manifold (Repair) see report
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 1-6 see report
 Exact length of each trench _____ feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18 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 vs. _____ GPM Aggregate Depth: 6 inches below pipe
2 inches above pipe
 Conditions: Follow Pressure Manifold Report for install 12 inches total

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: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

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

Authorized State Agent: James E. Manhart Date: 5-14-13
 Construction Authorization Expiration Date: 5-14-18

HTE# 13-5-31059

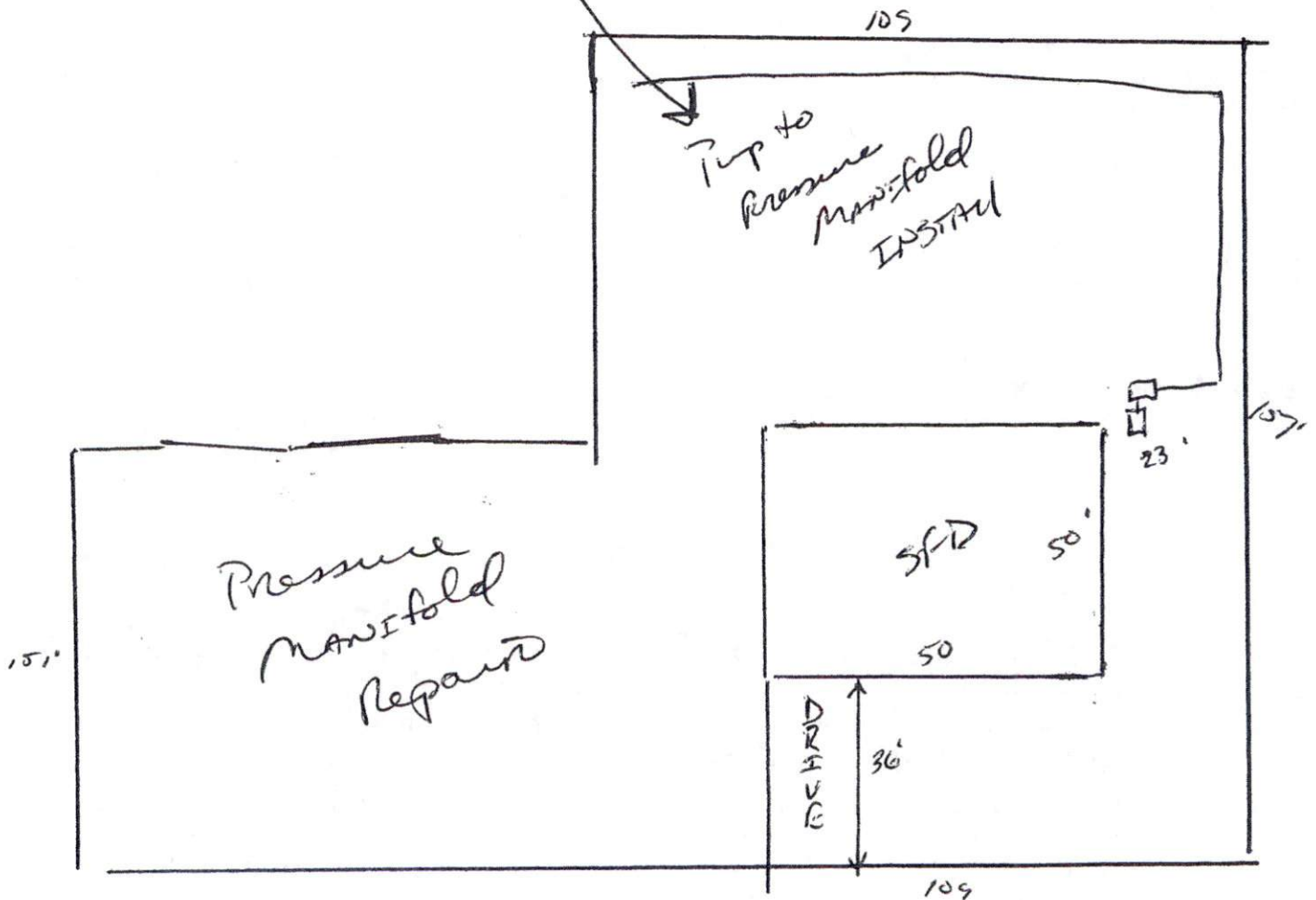
Permit # 27377

Harnett County Department of Public Health Site Sketch

ISSUED TO: Cumberland Homes Inc PROPERTY LOCATOR: 51437 Ballard Rd
SUBDIVISION Ballard Woods LOT # 150

Authorized State Agent: James E. Manhart Date: 5-14-13

Follow Design
to install
CASP system (pressure manifold)



Gwendolyn Way

Matthew S. Willis Register of Deeds

Harnett County, NC

Electronically Recorded

03/13/2024 11:29:08 AM

NC Rev Stamp: \$0.00

Book: 4226 Page: 2352 - 2353 (2) Fee: \$26.00

Instrument Number: 2024004076

HARNETT COUNTY TAX ID #
080652 0089 36

03-13-2024 BY: MMC

NORTH CAROLINA SPECIAL WARRANTY DEED

Excise Tax: \$ Federal Entity Exemption

Parcel Identifier No. 080652 0089 36 Verified by _____ County on the ____ day of _____, 20____

By: _____

Return to: _____

This instrument was prepared by: Goosmann Rose Colvard & Cramer, P.A., 77 Central Ave., Suite H, Asheville, NC 28801

This Indenture, made on the 22 day of February, 2024 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, Lyle Austin Schettig and Marissa Ann Hernandez Schettig, a married couple, whose address is 822 Essex Forrest Drive, Cary, NC 27518, hereinafter referred to as Grantee.

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

Being all of Lot 150 in a subdivision known as Ballard Woods Phase 4A and 4B and the same duly recorded in Plat Book 2013 at Page 409, Harnett County Registry, North Carolina. Together with improvements located thereon; said property being located at 73 Gwendolyn Way, Fuquay Varina, North Carolina.

Said property is commonly known as 73 Gwendolyn Way, Fuquay Varina, NC 27526.

REVENUE: EXEMPT – Federal Entity Exemption

This instrument was prepared by the law office of Goosmann Rose Colvard & Cramer, P.A. without review or examination of the herein described property and no opinions or representations are being made, either expressed or implied, by said law firm or any of its attorneys. This deed was prepared by **George F. Goosmann, IV, NC Bar No. 16168** who certifies that it is in a form that is in accordance with applicable local, state and federal law.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4179 at Page 1597-1606.

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

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 Grantor covenants with Grantee, that Grantor has done nothing to impair such title as Grantor received, and Grantor will warrant

Submitted electronically by "Mann, McGibney & Jordan, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

and defend the title against the lawful claims of all persons claiming by, and under or through Grantor, except for the exceptions hereinafter stated:

Easements, restrictions, rights of way of record, utility lines readily apparent and in existence over or under the subject property and ad valorem taxes for the current year.

IN WITNESSETH 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)

[Signature]
Printed Name: Jeff Gossin
Title: AVP

STATE OF Texas)
Denton COUNTY)

On this date, before me personally appeared Jeff Gossin, 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 Texas aforesaid this 22 day of February 2024.

[Signature]
Notary Public
My term expires: _____

