

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: carbonsteed@outlook.com

OWNER NAME Philip Falconer PHONE 571-221-2753

PHYSICAL ADDRESS 220 Union Circle, Lillington, NC 27546

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

Woodshire 78 Phase 3 .5 Acres
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 4 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site: Rt. 27 West to Nursery Rd. Turn left
on Nursery Rd. Drive Approx 4 miles to Lemuel Black Rd. Turn
left on Lemuel Black Rd., turn left on Woodshore Dr., turn
left on Silver Oaks Dr., Turn Rt. on Union Cir. House is on
Right At top of Hill

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.

Philip Falconer 23 Oct 24
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 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) 2005
Installer of system D.C. Carter
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults up to 4 # 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 Philip Falcover
3. If you have a garbage disposal, how often is it used? daily weekly monthly
4. When was the septic tank last pumped? 4-5 years How often do you have it pumped? will be every 5 years
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 bowl 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 _____
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 Roof-2020
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 drain field breached by tree roots. Overflow from d-box when pumped
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 septic tank pump

HARNETT COUNTY TAX ID #
01053601 0028 28

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2020 Sep 17 03:37 PM NC Rev Stamp: \$ 477.00
Book: 3869 Page: 306 - 307 Fee: \$ 26.00
Instrument Number: 2020016650

09-17-2020 BY: SB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$477.00

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

Mail/Box to: The Law Office of Jeffrey E. Radford, P.A., 1300 Bragg Blvd, Suite 1316, Fayetteville, NC 28301

This instrument was prepared by: The Law Office of Jeffrey E. Radford, P.A., 1300 Bragg Blvd, Suite 1316, Fayetteville, NC 28301

Brief description for the Index: LOT 78, PH Three, Woodshire

THIS DEED made this _____ day of _____, 20____, by and between

GRANTOR
Todd Taylor and spouse Stacey Taylor

117 Wilson Run
Bunnlevel, NC 28303

GRANTEE
Philip E Falconer, *unmarried*
220 Union Circle
Lillington, NC 27546

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, parcel of land or condominium unit situated in the City of Lillington, Anderson Creek Township, Hamett County, North Carolina and more particularly described as follows:

Being all of Lot 78 as shown on a plat entitled "Woodshire Subdivision, Phase Three" duly recorded in Map Book 2004-1314, Hamett County Registry, North Carolina.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2411 page 848.
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 2004 page 1314.

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

 Print/Type Name: _____
 By: _____
 Print/Type Name & Title: _____

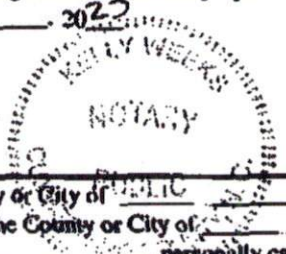
 Print/Type Name: _____
 By: _____
 Print/Type Name & Title: _____

 Print/Type Name: _____

State of North Carolina - County or City of Hamet
 I, the undersigned Notary Public of the County or City of Cumberland and State aforesaid, certify that Todd Taylor and spouse Stacey Taylor 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 14 day of September, 2022

My Commission Expires: 5/13/25
 (Affix Seal) (SEAL)

 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) (SEAL)

 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) (SEAL)

 Notary's Printed or Typed Name



KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
305 W CORNELIUS HARNETT BLVD
SUITE 200
LILLINGTON, NC 27546

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of recorded document, and must be submitted with original for re-recording
and/or cancellation.

Filed For Registration: 12/22/2004 09:57:51 AM
Book: PLAT 2004 Page: 1314-1315
Document No.: 2004023727
MAP 2 PGS \$21.00

Recorder: TRUDI C SMITH

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE, REGISTER OF DEEDS

By: *Trudi C Smith*
Deputy/Assistant Register of Deeds

2004023727

2004023727

HTE # 05-50011503R

OPERATIONS PERMIT

Name: (owner) Caviness New Installation Septic Tank Repair

Property Location: SR# 1117 Nitrification Line Expansion
Subdivision Woodshire Lot # 78 Tax ID # _____ Quadrant # _____

Contractor: D.C. Carter Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community
Distance From Well: _____ ft.

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

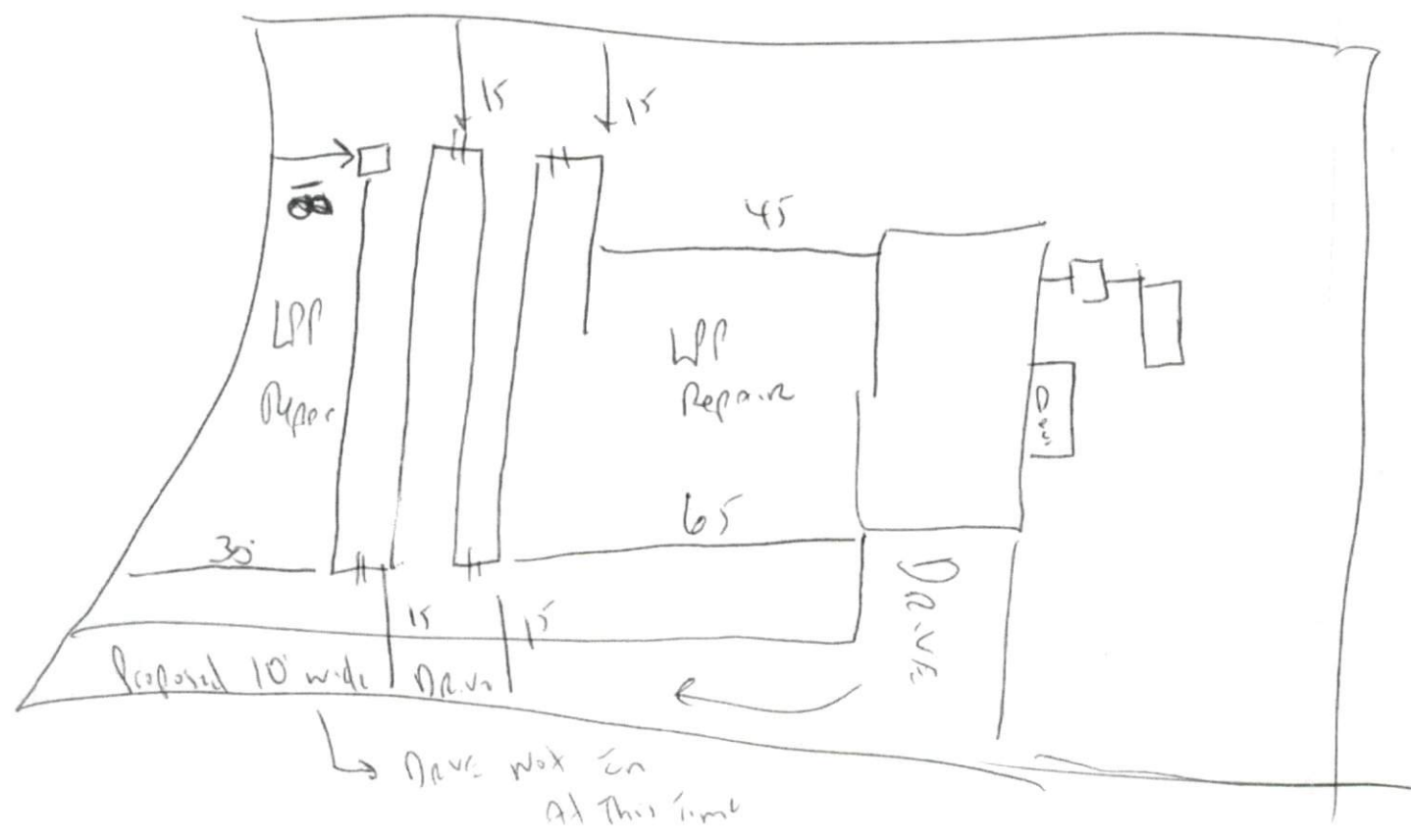
Type of system: Conventional Other Pump to 25% Reduction System

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet Date: 11-28-05

PERMIT NO. 22687 Inspected by: J. V. [Signature]



HTE# 05-50011503R

IMPROVEMENT PERMIT 22683

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 LIND DEVI New Installation Septic Tank Repair
 Property Location: SR# 1117 Nitrification Line Expansion
 Subdivision WOODSHIRE Lot # 78
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (52x49) Lot Size: .43 AC

Basement with Plumbing: Garage: *Meet onsite Before Installing - Pump*
 Water Supply: Well Public Community *Supply line may go under drive*
 Distance From Well: 50 ft. *WAY - MAINTAIN ALL SET BACK*

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

Type of system: Conventional Other Pump to 25% Reduction System

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

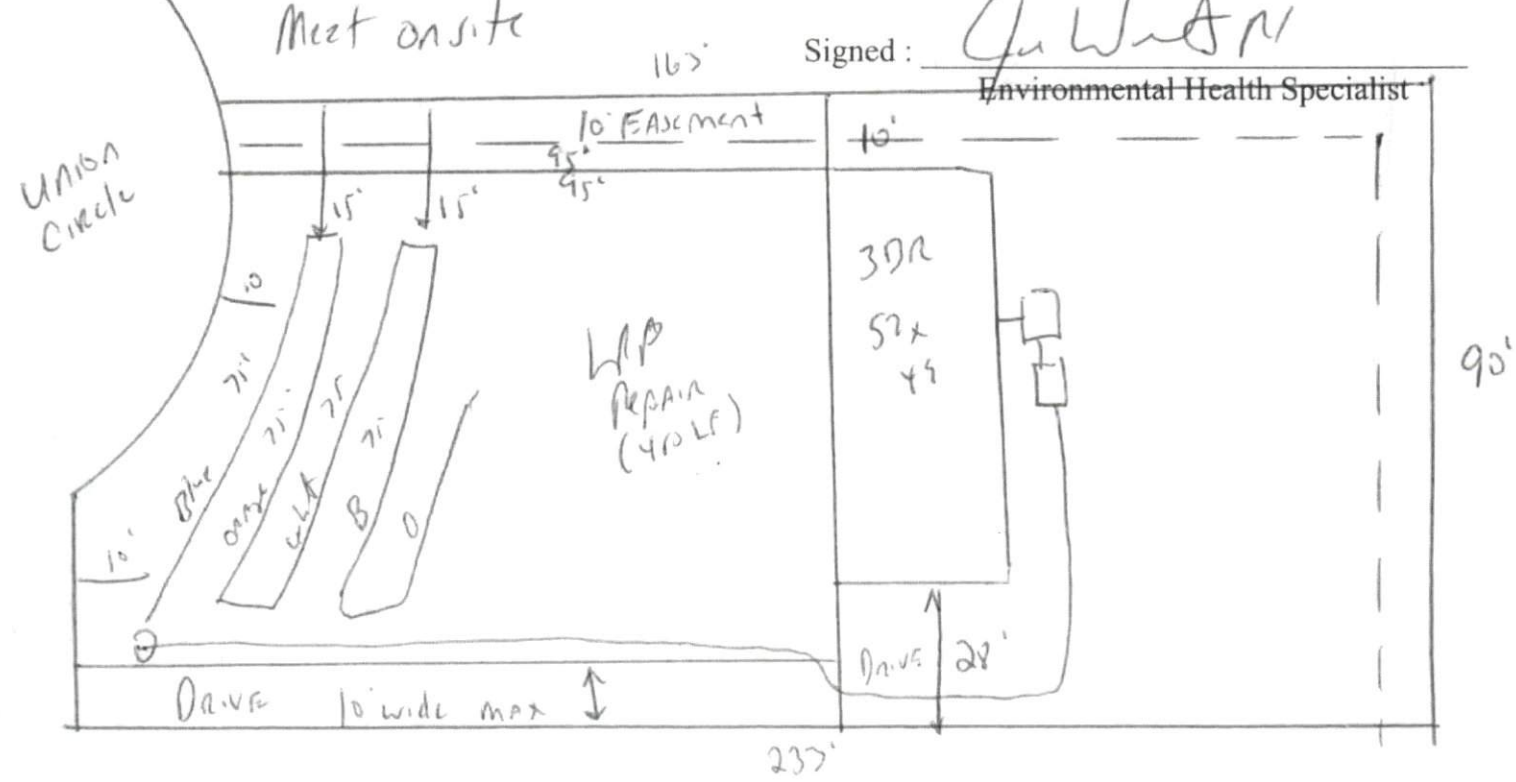
Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 ft. of each ditch 300 ft. ditches 3 ft. ditches 18 in. ^{MAX}

French Drain Required: _____ Linear feet *of 25% Reduction system*

Date: 6-2-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22683. 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.*

Caviness Land Dev.
Name _____ Telephone # _____

Address
1117

Property Location SR# _____ Road Name _____
Woodshine 78 3(52149) .43A1
Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot Size _____

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.
Width of ditches 3 ft. Depth of ditches 16 ^{max} inches OF 25% Reduction SYSTEM

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.

Joe West RS _____ 6-2-05
Signature of Authorized Agent for Harnett County _____ Date _____