

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: sgklumpp@hotmail.com

OWNER NAME Kevin Gordon Klumpp PHONE 919-343-1327

PHYSICAL ADDRESS 46 Sunrise Ct, Camer, NC 28326

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY 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 3 ☐ Basement (Crawlspace 4')

Garage: Yes ☒ No ☐ Dishwasher: Yes ☒ No ☐ Garbage Disposal: Yes ☐ No ☐

Water Supply: ☐ Private Well ☐ Community System ☒ County

Directions from Lillington to your site: 27 NW / Rt on 87 / Lf on

Milton Welsh Rd, Lf on Ponderosa Rd, 200 ft, & Rt on

Ponderosa Trail, Rt on Fern Riddle / Green Links / Rd

on Sunrise Ct → 46 Sunrise Ct (Brick)

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.

Gordon Klumpp
Owner Signature

3/4/25
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) 2001

Installer of system H. Wayne Sharpe 919-499-9411

Septic Tank Pumper Maples Septic Tank Service - 919-258-3750

Designer of System Bill Faircloth - Builder - Fayetteville

1. Number of people who live in house? 3 # adults 1 # children 3 # total
 2. What is your average estimated daily water usage? 7 gallons/month or day 7 county water. If HCPU please give the name the bill is listed in Gordon Klump

3. If you have a garbage disposal, how often is it used? ☐ daily ☐ weekly ☐ monthly NA
 4. When was the septic tank last pumped? 3/3/25 How often do you have it pumped? 3 or 4 times
 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?
Dawn, ?

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, Landscaping

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? 3/3/25

The water from tank isn't draining very well.

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

We notice the smell -

OPERATIONS PERMIT

00-400004276

Name: (owner) RST Builders Inc ☒ New Installation ☒ Septic Tank
Property Location: SR# 1201 ☐ Repairs ☒ Nitrification Line
Subdivision Cardinal Lot # _____
TAX ID# _____ Quadrant # _____

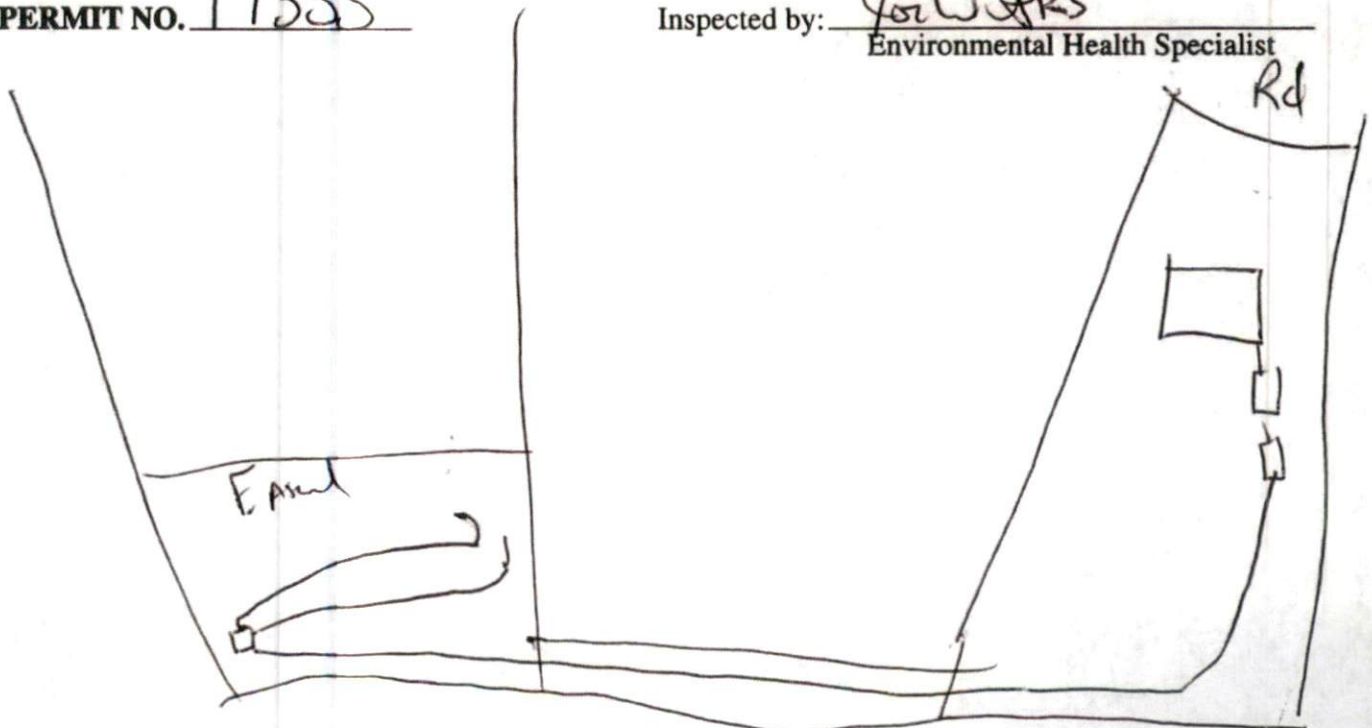
Contractor: W. Sharp Registration # _____

Basement with Plumbing: ☐ Garage: ☐ NOTE Changed To
Water Supply: ☐ Well ☒ Public ☐ Community 2 x 80 in field by
Distance From Well: 55 ft. for West

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

Type of system: ☐ Conventional ☒ Other Pump to Conventional
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 80 ft. ditches 3 ft. ditches 18-30 in.
French Drain: _____ Linear feet

PERMIT NO. 17355 Date: 11-8-2000
Inspected by: for W. Sharp
Environmental Health Specialist



IMPROVEMENT PERMIT

40000426

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) RST Builders Inc☒ New Installation ☒ Septic TankProperty Location: SR# 1201☐ Repairs☒ Nitrification LineFrom Ridge To Green Links to Sunnyside CtSubdivision Carolina SeasonsLot # H-8

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (56x62)Lot Size: .62 Ac (Plat Eject)Basement with Plumbing: ☐Garage: ☒MUR meet on site for finalWater Supply: ☐ Well☒ Public☐ CommunityLayout - It will changeDistance 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☒ OtherRun to ConventionalSize of tank: Septic Tank: 1000 gallonsPump Tank: 1000 gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 3of each ditch 80

ft.

ditches 3

ft.

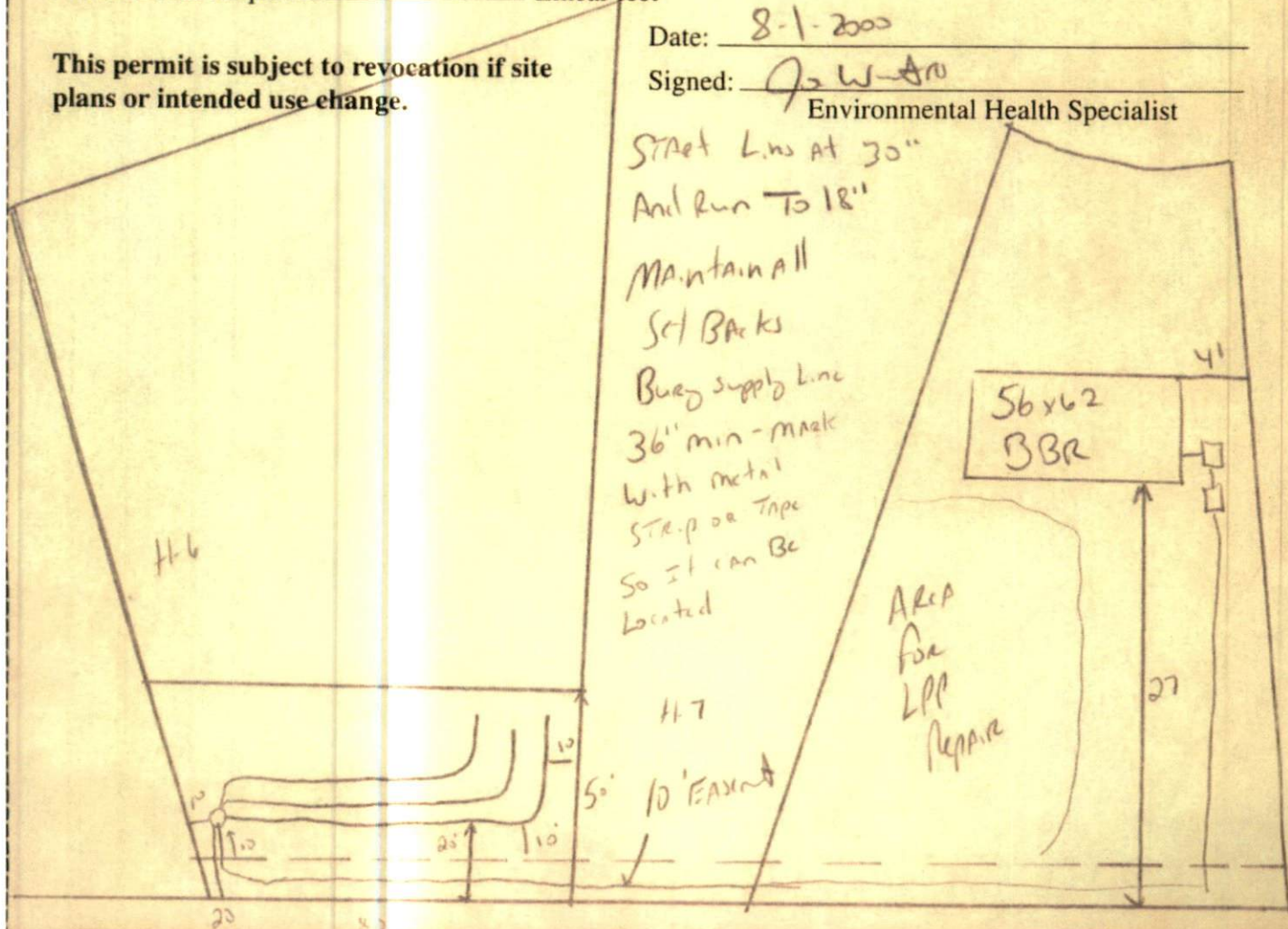
ditches 18 30 in.

French Drain Required: _____ Linear feet

Date: 8-1-2000Signed: J. W. An

Environmental Health Specialist

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



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17355. 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 RIT B. L. L. L.

Name: _____ Telephone # 910-423-0318

Address: _____

Property Location: SR # 1201 Road Name _____

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Carolina SEAN Lot # H-8

Number of Bedrooms Proposed: _____ Lot size: 60

Basement ☐ With Plumbing ☐ Without Plumbing ☐

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

Type of System: Conventional ☐ Other ☒

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 80

Width of ditches 3 ft. Depth of ditches 18.00 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.

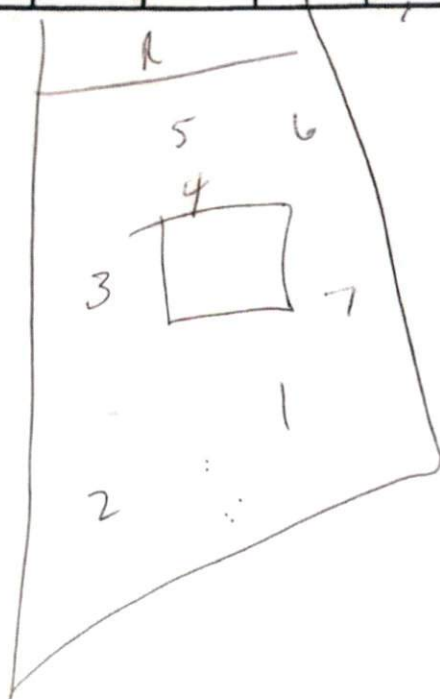
Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 8-1-2000

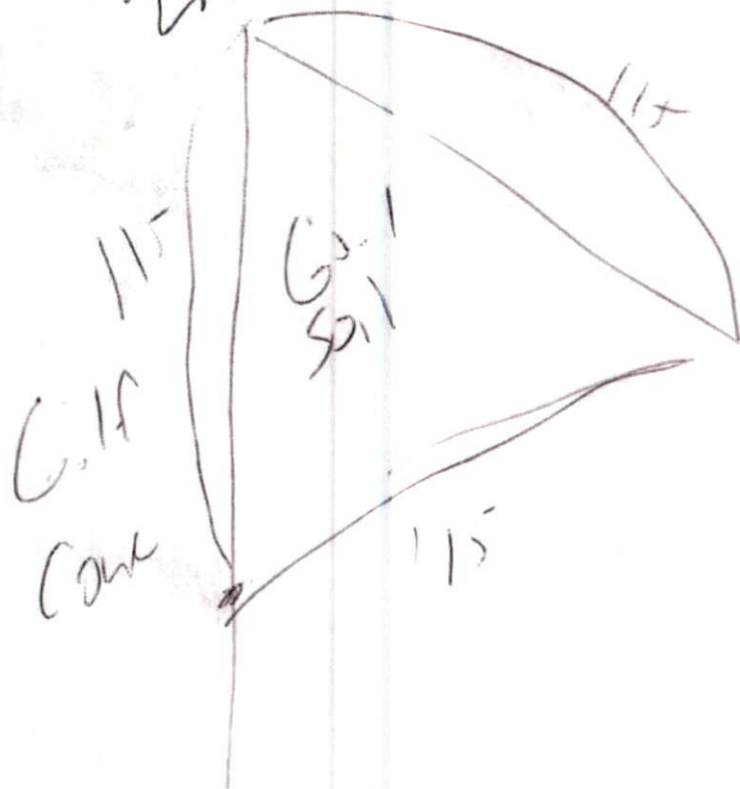
APPLICANT NAME _____

DATE _____

FACTORS		FILES								
		1	2	3	4	5	6	7	8	9
LANDSCAPE POSITION	.1940									
SLOPE (%)	.1940									
HORIZON 1 DEPTH		0-4	0-30	0-24	0-12	0-30	0-27	12	0-12	
Texture Group	.1941(A)(1)	LS	LS	L	LS	LS	L	L	LS	
Consistence	.1941									
Structure	.1941(A)(2)									
Mineralogy	.1941(A)(3)									
HORIZON 2 DEPTH		4-12	30-36	24-36	12-20	30-42	27-2	12-15	12-28	
Texture Group	.1941(A)(1)	SC	SC	SC	SC	SC	SC	S	SC	
Consistence	.1941									
Structure	.1941(A)(2)									
Mineralogy	.1941(A)(3)						exp	exp		
HORIZON 3 DEPTH		12+	36-1	32	20-26				28+	
Texture Group	.1941(A)(1)	exp	exp	exp	SC				exp	
Consistence	.1941									
Structure	.1941(A)(2)									
Mineralogy	.1941(A)(3)				exp					
HORIZON 4 DEPTH										
Texture Group	.1941(A)(1)									
Consistence	.1941									
Structure	.1941(A)(2)									
Mineralogy	.1941(A)(3)									
SOIL WETNESS	.1942	12"		32	2-1			18		
RESTRICTIVE HORIZON	.1944									
SAPROLITE	.1943/1956									
CLASSIFICATION	.1948		PS	PS		PS	PS		PS	
LONG TERM		W	0.4	0.3	US		W	US	LP	
ACCEPTANCE RATE	.1955									



① All
LEA
system
LPP for Permit



(M)

PC# 1 Slide 360-1

DEED BK. 916 PGS. 287-290

FINAL PLAT OF

CAROLINA SEASONS - Section IV

JOHNSONVILLE TWP, HARNETT CO., N.C.

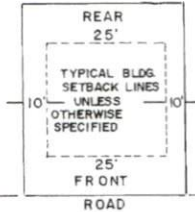
AUGUST 12, 1993 SCALE - 1" = 200'

1" = 200' scale

OWNER - DEVELOPER

VAN R. GROCE
P.O. BOX 2825
SANFORD, N.C.

REVISED - 12 / 20 / 94
(CHANGED STREET NAMES)

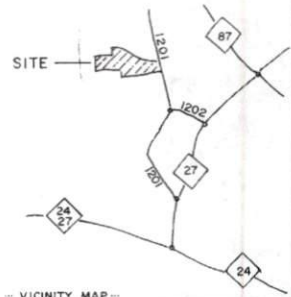


I, ROBERT J. BRACKEN, CERTIFY THAT UNDER MY DIRECTION AND SUPERVISION THIS MAP WAS DRAWN FROM AN ACTUAL FIELD LAND SURVEY; THAT THE ERROR OF CLOSURE IS CALCULATED BY LATITUDE AND DEPARTURES IS 1-10,000 THAT THE MAP WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED.

Robert J. Bracken L-1373
REGISTERED LAND SURVEYOR

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT ROBERT J. BRACKEN A REGISTERED LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL. THIS 12 DAY OF AUGUST 1993.

R. J. Woytowick
(NOTARY PUBLIC)
MY COMMISSION EXPIRES JULY 9, 1994



DEED REF. OF OVERALL TRACT
BOOK - 916, PGS. 287-290

DEED REF. OF OVERALL TRACT
BOOK - 916, PGS. 287-290

T	Bearing	Dist.
T-1	S 45° 55' 32W	99.05
T-2	S 76° 51' 13W	62.56
T-3	N 73° 33' 14E	105.95
T-4	N 72° 42' 46E	70.00
T-5	N 66° 47' 11E	122.56
T-6	N 33° 22' 26E	101.15

Woytowick - Notary Public
27 Dec 94
R. J. Woytowick
Notary Public

BEARING	ARC	CHD.	AD.
C-1	N 11° 27' 02E	121.03	121.00
C-2	N 10° 37' 07W	85.36	85.00
C-3	N 09° 35' 05W	127.85	127.18
C-4	N 12° 20' 35E	148.04	147.00
C-5	S 06° 06' 02E	151.43	151.00
C-6	S 10° 28' 38E	100.44	100.00
C-7	S 17° 35' 00W	203.63	201.00
C-8	S 49° 24' 20W	141.24	141.00
C-9	S 69° 39' 00W	78.16	77.95
C-10	N 77° 43' 10W	78.34	77.71
C-11	N 02° 43' 04W	52.36	50.00
C-12	N 30° 51' 37E	41.15	40.00
C-13	S 54° 08' 17E	89.75	78.18
C-14	N 47° 23' 03E	193.16	191.86
C-15	N 69° 48' 57E	88.66	88.44
C-16	S 89° 11' 18E	141.10	137.00

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

PROPOSED SUBDIVISION ROAD
CONSTRUCTION - FUNDING CERTIFICATION

APPROVED: J. S. Nance, District Engineer
DATE: SEPT. 8, 1993

Certification of Developer, Indemnification and Jurisdiction
I, the undersigned, certify that I am the owner of the land shown on this plat and that I have the right to convey the same.

Certification of Approval by the Planning Commission
The Planning Commission of Harnett County, North Carolina, hereby approves the final plat for Carolina Seasons IV.

Certification of Registration by Notary of State
I, the undersigned, certify that I am a Notary Public for the State of North Carolina and that I am duly qualified to perform the duties of a Notary Public.

I FURTHER CERTIFY THAT THIS PROPERTY
(DOES) (DOES NOT) LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DESIGNATED BY FIRM FLOOD INSURANCE RATE MAP.

BRACKEN & ASSOCIATES
ENGINEERING • SURVEYING
P. O. BOX 532 • SANFORD, N. C. 27330

C - 5689-IV



FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2008 NOV 05 03:19:52 PM
BK:2566 PG:121-123 FEE:\$17.00

INSTRUMENT # 2008017895

HARNETT COUNTY TAX ID#
09.9507.01.0000.49

1078.08 = 866

Excise Tax \$0.00

Do NOT write above this line.

Recording: Time, Book and Page

North Carolina General Warranty Deed

This instrument prepared by: April E. Stephenson, Attorney at Law DOCUMENT PREPARATION ONLY/NO TITLE EXAM

Brief description for the Index

This Deed made this 20th day of October 2008, by and between Grantor and Grantee:

Enter in appropriate block for each party: Name, address, county, state and if appropriate entity (i.e. corporation, partnership). The designation Grantor and Grantee as used herein shall include all parties, their heirs, successors and assigns and shall include singular, plural, masculine, feminine or neuter as required by context.

Grantor:

GORDON C. KLUMPP and wife,
SANDRA JANE KLUMPP

1254 Lake Como Road
Cortland, New York 13045

Grantee:

KEVIN G. KLUMPP and BRIAN M. KLUMPP, Trustees of the
GORDON C. AND SANDRA J. KLUMPP IRREVOCABLE TRUST

46 Sunrise Court
Cameron, NC 28326

Transfer of Ownership: Grantor, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, conveys to Grantee in fee simple, the Property described below:

Property: City of _____)
Township of Johnsonville, County of Lee, North Carolina.
This property was acquired by Grantor by an instrument recorded in Book 1220, Page 510, Harnett County.
A map showing the property is recorded in Plat Book _____, Page _____, _____ County.
The legal description of the Property is:

BEING ALL OF LOT H-8, Carolina Seasons, Section IV, as shown by map of same recorded in Plat Cabinet F, Slide 360-D, Harnett County Registry. Reference to said map is hereby made for a more particular description.

RESERVING unto the Grantors herein the life use of the said premises for so long as they, or either of them, shall continue to permanently reside therein.

Continued on Page 2

After recording mail to:

Gordon C. and Sandra J. Klumpp Irrevocable Trust

1254 Lake Como Rd.
Cortland, NY 13045

Tax Lot No. _____

Parcel Identifier No. _____

Verified By _____ County,

on the _____ day of _____ 20____

By _____

TO HAVE AND TO HOLD the said Property and all privileges and appurtenances (rights) belonging to Grantee, in fee simple.

Promises by Grantor: Grantor promises (covenants) with Grantee, that Grantor has title to the Property in fee simple; has the right to convey the title in fee simple; that the title is marketable and free and clear of all liens and encumbrances (i.e. mortgages and judgements), and Grantor will warrant and defend the title against the lawful claims of all persons, except for the following exceptions:

Signatures: Grantor has duly executed the foregoing instrument, as of the day and year first written above.

Entity	Individual	(gk)
Name: _____	<u>Gordon C Klumpp</u>	(Seal)
By: _____	GORDON C. KLUMPP	(Seal)
Title: _____	<u>Sandra Jane Klumpp</u>	(Seal)
By: _____	SANDRA JANE KLUMPP	(Seal)
Title: _____	_____	(Seal)
By: _____	_____	(Seal)
Title: _____	_____	(Seal)

SEAL-STAMP

STATE OF New York COUNTY OF Tompkins

1, a Notary Public of the County and State aforesaid, certify that Gordon C. Klumpp and wife, Sandra Jane Klumpp

Grantor personally came before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this 20th day of October, 2008

My Commission Expires: 10-19-2010 Jennifer S. McCarty Notary Public

JENNIFER S. MCCARTY
Notary Public, State of New York
No 01MC6014970
Qualified in Tompkins County

SEAL-STAMP

STATE OF _____ COUNTY OF _____

1, a Notary Public of the County and State aforesaid, certify that _____

Grantor personally came before me this day and acknowledged the execution of the foregoing instrument.

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

My Commission Expires: _____ Notary Public

SEAL-STAMP

ENTITY: Corporation, Limited Liability Company, General Partnership, or Limited Partnership

STATE OF _____ COUNTY OF _____

1, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is _____ 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 an act of the Entity, has signed the foregoing instrument in its name and on its behalf as its act and deed.

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

My Commission Expires: _____ Notary Public

The foregoing Certificate(s) of _____

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

By _____ - REGISTER OF DEEDS FOR _____ COUNTY

Deputy/Assistant - Register of Deeds