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: MO	mochwamil.com
Tucker	1 1 100-	215	1411-9821
OWNER NAME JUSTIN 4	Chrysten Ma	rnoch PHONE 313	0.19 1851
PHYSICAL ADDRESS 7 1	Hill Side Olr.	Spring Lake, K	OC 28390
MAILING ADDRESS (IF DIFFFERENT	THAN PHYSICAL) 204	Hilltop Rd. Jar	Ford, NC 27330
IF RENTING, LEASING, ETC., LIST PI	ROPERTY OWNER NAME		
ir Keitinio, Erasino, Eras, Est i			
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
	2.000 (200 × 200	5 to	
Type of Dwelling: [] Modular	[] Mobile Home	Stick built [] Other	
Number of bedrooms 3	[] Basement		
Garage: Yes N No []	Dishwasher: Yes	(no[]	Garbage Disposal: Yes 1 No []
Water Supply: [] Private Well	[] Community Sys	tem MCounty	
Directions from Lillington to your			,
Stay on over!	nills, left o	n Redoakd	r., Left anto
N Hillside di			
In order for Environmental Hea			application. Please inform us of any
The state of the s	howing on your survey map.		application. Ficuse inform as or any
2. The outlet end of the tank	and the distribution box wil	I need to be uncovered and prope	
			s been placed, you will need to call
Your system must be repaired wit	firm that your site is ready thin 30 days of issuance of the		e set within receipt of a violation
letter. (Whichever is applicable.)		var valad• rome i varotinatalisti invatarionista (1915.) Tiviti. (Tabid	•
Busines halanda and the state of	- f Ab b ! - f ! ! ! -		las. Falsa information willlt i
the denial of the permit. The perm			Ige. False information will result in vnership changes.

Owner Signature

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.

	built (any and of contint and installation) 1994
ear n	ome was built (or year of septic tank installation)er of system
	Tank Pumper
	er of System
1.	Number of people who live in house?# adults# children# total
2.	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
	When was the septic tank last pumped? 2020 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 [X] NO
	Are you or any member in your household using long term prescription drugs, antibiotics or
	chemotherapy?] [1 YES 1 NO If ves please list
10	. Do you put household cleaning chemicals down the drain? [] YES [/] NO If so, what kind?
	. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO
12	. Have you installed any water fixtures since your system has been installed? [] YES [NO If yes,
12	please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets
	. Do you have an underground lawn watering system? [] YES [X] NO
14	. Has any work been done to your structure since the initial move into your home such as, a roof, gutte drains, basement foundation drains, landscaping, etc? If yes, please list
15	Are there any underground utilities on your lot? Please check all that apply:
13	[] Power [] Phone [] Cable [] Gas [] Water
2-9140.20	. Describe what is happening when you are having problems with your septic system, and when was this
16	
16	Septic inspection, not draining properly, Cap/lia
16	
	first noticed? Septic inspection, not draining properly, Cap/lia 100ft of new pipe Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

Nº07290

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Staw Construction Two, New Installation Property Location: SR# 1/20 Repairs	
Subdivision Ramblingwood Lot # 25	
TAX ID# Quadrant #	
Contractor: Genald Topa Registration # 9	
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well: 100 + ft.	
Following are the specifications for the sewage disposal system on above cap	ptioned property.
Type of system: Conventional Other	
Size of tank: Septic Tank: Ood gallons Pump Tank: gallons	
Subsurface No. of Drainage Field No. of ditches 3 exact length of each ditch 20 ft. ditches 3 ft.	ditches 24 in.
French Drain: Linear feet Date: 3-16-94	1
PERMIT NO	Martato
Environmental H	
Environmental I	earth opecians
_ French Drain at 36" _	
But Porp Repair	
Hom E Dy W 76'	
HILISIDE DRIVE	

IMPROVEMENT PERMIT

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) Show Construction Co.	Live New Installation	Septic Tank
Property Location: Jot # 25 Loublen wood	□ Repairs	Nitrification Line
Estate See II SR 1130		
Number of Bedrooms Proposed:	Lot Size: V3/Youre	
Basement with Plumbing: Garage: Garage:		
Water Supply: □ Well □ Public □ Con	nmunity	
Distance From Well:/Oo' / ft.		
Following is the minimum specifications for several property. Subject to final approval.	wage disposal system on abo	ove captioned
Type of system: \(\square\) Conventional \(\square\) Other \(\square\)		- 1
Size of tank: Septic Tank: /000 gallons	Pump Tank: gallon	ns
Subsurface No. of Drainage Field No. of ditches exact length of each ditch	ft. width of ditches ft.	depth of ditches 24 in.
French Drain required: Linear feet	G 20 07	
This permit is subject to revocation if site plans or intended use change.	Date: 9-20-93 Signed: All On	olu
VOID AFTER 5 YEARS	Environmental	Health Specialist
For Repair	exain 26 to simple the simple to the simple	
atolarie Daine		

hw anolog lies o		choms	eserve brist mori sec	UNE SEONE STRICKES TO INChes Housen Oephi of Fill — in Inches from lan Geptin of Fill — in Inches from lan Gestingthe Hotizon — in Chess and Inches Saprointe Hotizon — is (sunsble) or U (Sannstron Branch (Review —)
MINEFAL	We way pleatic Sp. ettyly pleatic Sp. ettyl pleatic Sp. ettyl pleatic Sp. ettyl pleatic Sp. ettyl ple	- extremety form - extremety form - extremety form - extremety - e	Senind 7.2. 19 19 19 19 19 19 19 19 19 19 19 19 19	H - Flidge S - Shoulder slope L - Unest slope H - Head slope CC - Concave slope H - Head slope CC - Convex slope H - Head slope CC - Convex slope T - Left send SC - Convex slope SC - Convex slop
- ino	TOPERTY IDENTIFICATION NO.: PROPOSED FACILITY: PROPOSED FACILITY		COMMUNITY SC	MATER SUPPLY: On-Site Well COUNTY:
00(8	INI I CI C		AC	

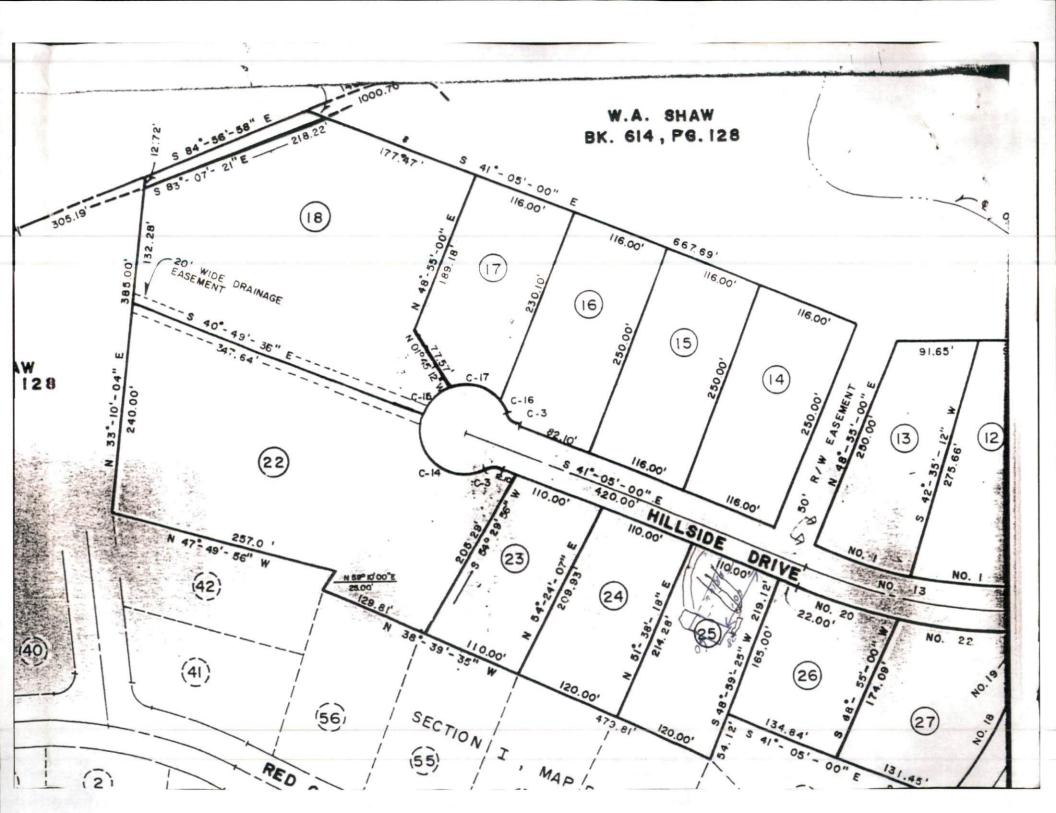
8

"46 L OF 1E

FACTORS	PROFILE	PROFILE 2	PROFILE 3	PROFILE 4	PROFILE 5
		4	L	L	- 1 1
SCAPE POSITION	1.	4	Y	4	
E (%)	0-36	0-18	0-19	0-12	
ON I DEPTH		15	1.0	45	
re Group	4)	1/.	Ne	of	
istence	Vbc	No			
ture	91	94	31	979	
ralogy	1.1	6.	16-24	22-36	
ZON II DEPTH	30-36	18-3)		50	
re Group	5(56	51-	35	
istence	ke	- f1	- 60	- As	
cture	Ex.	es.	- CA	111	
ralogy	6:0	1:1	3/20		
ZON III DEPTH	36-42	37-40	24-34	36-X2	
re Group	Sel	25	500	SEL	
sistence	11	19. fe	1 1/2	M	
cture	able.		Sep	2014	
raiody	1:1	111	1.1	101	
ZON IV DEPTH			Print 34	Malz	
re Group					
sistence					
cture					
eralogy					
WETNESS	742	740	37	736	
RICTIVE HORIZON	_	_	1 . 39	36	
OLITE		_	1		
SIFICATION	95	.9	P	PP	
PTANCE RATE	0.8	0.8	0,5	0.6	

FACTORS	PROFILE	PROFILE 2	PROFILE 3	PROFILE 4	PROFILE 5
SCAPE POSITION					-
E (%)					
ZON I DEPTH					
ure Group					
sistence					
cture					
rrslogy					
ZON II DEPTH					
ure Group					
LISTENCE					
cture					
raiocy					
ZON III DEPTH					
me Group					
INTERNO					
cture					
relogy					
ZON IV DEPTH					
ore Group					
INNER					
ture					
ratogy					
WETNESS					
RICTIVE HORIZON					
OLITE					
SIFICATION					
PTANCE PATE					

CLASSIFICATION: UATED BY: ARKS:	SITE LONG-TERM ACCEPIANCE RATE:	
UATED BY:	OTHER(S) PRESENT:	
ARKS:		
		-
* * *		



HARNETT COUNTY TAX ID # 010535 0055 25

07-21-2017 BY: SB

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2017 Jul 21 03:55 PM NC Rev Stamp: \$ 168.00
Book: 3525 Page: 212 - 213 Fee: \$ 26.00
Instrument Number: 2017010788

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 168.00				
Parcel Identifier No. 01-0535-0055-25 Verified by By:		County on the	day of	
Mail/Box to: The Law Office of Jeffrey E, Radford, P.A.	, 1300 B	ragg Blvd, Suite 1316, Fay	etteville, NC 28301	
This instrument was prepared by: The Law Office of Jeffr				
Brief description for the Index: LOT 25, SEC III, Ram				
Brief description for the Index: 25, SEC 111, Rail	ionngwoo	A Estates		
THIS DEED made this day of	June	, 20 <u>17</u> , by	and between	
GRANTOR		GRA	NTEE	
Kenneth Richardson and wife, Connie Richardson		Justin Marnoch and wi	ife, Crystal Marnoc	h
141 Valley Rd		204 Hilltop Rd		
Spring Lake, NC 28390		Sanford, NC 27330-71	51	
Enter in appropriate block for each Grantor and Grantee: corporation or partnership.	name, mai	ling address, and, if approp	oriate, character of e	ntity, e.g.
The designation Grantor and Grantee as used herein shall in plural, masculine, feminine or neuter as required by contex		parties, their heirs, successo	rs, and assigns, and s	hall include singular,
WITNESSETH, that the Grantor, for a valuable consideration these presents does grant, bargain, sell and convey unto the situated in the City ofSpring Lake North Carolina and more particularly described as follows:	Grantee i	n fee simple, all that certain	lot, parcel of land o	r condominium unit
Being all of Lot 25 in a subdivision known as Rambling recorded in Plat Cabinet F, Slide 177-D, Harnett County			g to a plat of the sai	me duly
The property hereinabove described was acquired by Grant	tor by inst	nument recorded in Book	2735 page	329
All or a portion of the property herein conveyed includ				
A map showing the above described property is recorded in	Plat Boo	ok F page	177-D	
	Page 1	of 2		
NC Bar Association Form No. 3 € 1976, Revised € 1977, 2002, 2013			This standard for	n has been approved by:
Printed by Agreement with the NC Bar Association - 1981		Nor	th Carolina Bar Associati	

Submitted electronically by "The Law Office of Jeffrey E. Radford" in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

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: Restrictive covenants recorded in 1056, 630, Harnett County Registry.

Easements and Restrictions of record.	
IN WITNESS WHEREOF, the Grantor has duly executed the for	regoing as of the day and year first above written.
	PrintType Name: Kenneth Richardson (SEAL
(Entity Name)	Print/Type Name: Kenneth Richardson
Ву:	+ Consie G. Richardson (SEAL
Print/Type Name & Title:	Print/Type Name: Connie Richardson
Printo Type Name & Title.	Fillio Type Pattie. Colline Richardson
By:	(SEAL
By:	Print/Type Name:
Ву:	(SEAL
Print/Type Name & Title:	Print/Type Name:
State of County or City of	
L the undersigned Notary Public of the County or City of	of and State aforesaid, certify that
Kenneth Richardson and wife. Connie Richardson	personally appeared before me this day and
accomplete due execution of the foregoing instrument for the	personally appeared before me this day and ne purposes therein expressed. Witness my hand and Notarial stamp o
Seal this 20 18 of Just 2 . 20 17	
which we will be the execution of the foregoing instrument for the seal this will be seal to the seal this will be seal to the seal this will be seal this will be seal to the seal	
HARNE	Training Excession
My Counts on Expres: (3 27 2 621	Potricio E Regazionary Public
(Aff@362a) ⁰²¹	Notary's Printed or Typed Name
to outil	Total of Types Halle
State of Caunty or City of	
I, the undersigned Notary Public of the County or City of	of and State aforesaid, certify that
of	rsonally came before me this day and acknowledged that he is the , 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	g instrument in its name on its behalf as its act and deed. Witness
my hand and Notarial stamp or seal, this day of	, 20 .
- XII	
My Commission Expires:	Notary Public
(Affix 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 stump or seal, this day of	, 20
My Commission Expires:	Notary Public
(Affix Seal)	Notary's Printed or Typed Name
	and the state of t

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010 Printed by Agreement with the NC Bar Association

