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: <u>J</u>	ergebranados29ª Yahoo201
OWNER NAME Jorge Qu	rol Grandos	PHONE_9	193378208
PHONE NUMBER (9/9) 337	1-8208		4
PHYSICAL ADDRESS 186 D'AL	ngo circle. Andi	er pe 2750	7/
MAILING ADDRESS (IF DIFFFEREN	T THAN PHYSICAL)		
IF RENTING, LEASING, ETC., LIST P	ROPERTY OWNER NAME		e
PEAY MEDOWNS.			CITE OF LOT/TRACT
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home	X Stick built [] Other	
Number of bedrooms	[] Basement		
Garage: Yes [] No []	Dishwasher: (es []	No []	Garbage Disposal: Yes [No]
Water Supply: [] Private Well	[] Community Syste	em [] County	
Directions from Lillington to your	site: Hwy. 210. +	o. Andier A	F HONNETT. CENTRO. H.
50001. Rd.			
In order for Environmental Hea	alth to help you with your r	epair, you will need to co	omply by completing the following: this application. Please inform us of any

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.

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation

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

Owner Signature

wells on the property by showing on your survey map.

letter. (Whichever is applicable.)

us at 910-893-7547 to confirm that your site is ready for evaluation.

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) <u>ZOO5</u> Installer of system	
 Number of people who live in house? 3 # adults What is your average estimated daily water usage? gallons/month or day water. If HCPU please give the name the bill is listed in 	_ # total :ounty
 3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly 4. When was the septic tank last pumped? 3-28-25 How often do you have it pumped? 7 monthly 5. If you have a dishwasher, how often do you use it? [] daily [] every other day [] 6. If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [] r 7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain? 	weekiy
 8. Do you use an "in tank" toilet bowl sanitizer? [X] YES [] NO 9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [X] NO If yes please list	
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 you please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets _	es,
13. Do you have an underground lawn watering system? [] YES [⅓] NO 14. Has any work been done to your structure since the initial move into your home such as, a roo drains, basement foundation drains, landscaping, etc? If yes, please list	f, gutte
15. Are there any underground utilities on your lot? Please check all that apply: [] Power [] Phone [] Cable [] Gas [] Wate 16. Describe what is happening when you are having problems with your septic system, and when	
first noticed? Fill it UP too quick water mittegs under gra	
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, rains, and household guests?) [] YES [X] NO If Yes, please list	heavy

HARNETT COUNTY TAX ID#

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2017 APR 03 02:02:05 PM
BK:3493 PG:403-405
FEE:\$26.00
EXCISE TAX: \$370.00
INSTRUMENT # 2017004790
SARTIS



NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$370.00

Recording Time, Book and Page

Tax Map No.

Parcel Identifier No. 04-0662-0015-08

Mail after recording to: Grantee

This instrument was prepared by: Lynda R Herring, PA, 500 Benson Road, Ste. 103, Garner, NC 27529

Brief description for the Index: Lot 5, Pear Meadow

THIS DEED made this 3rd day of March, 2017 by and between

GRANTOR

SHARON GOERING (WIDOW) 3036 Adventure Way Ladson, SC 29456

GRANTEE

JORGE QUIROZ GRANADOS (UNMARRIED)

186 D'Ango Circle Angier, NC 27501

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 and more particularly described as follows:

BEING all of Lot 5, of Pear Meadow Subdivision, as shown on that map recorded in Map Book 2001, Pages 1016-1017, Harnett County Registry, to which plat reference is hereby made for a full and complete description of said lot.

See Book 1670, Page 976, Harnett County Registry.

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Address: 186 D'Ango Circle, Angier, North Carolina 27501

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 1670, Page 976, Harnett County Registry.

A map showing the above described property is recorded in Plat Book 2001, Pages 1016-1017, and referenced within this instrument.

The above described property \(\sqrt{\overline} \) does \(\sqrt{\overline} \) does not include the primary residence of the Grantor.

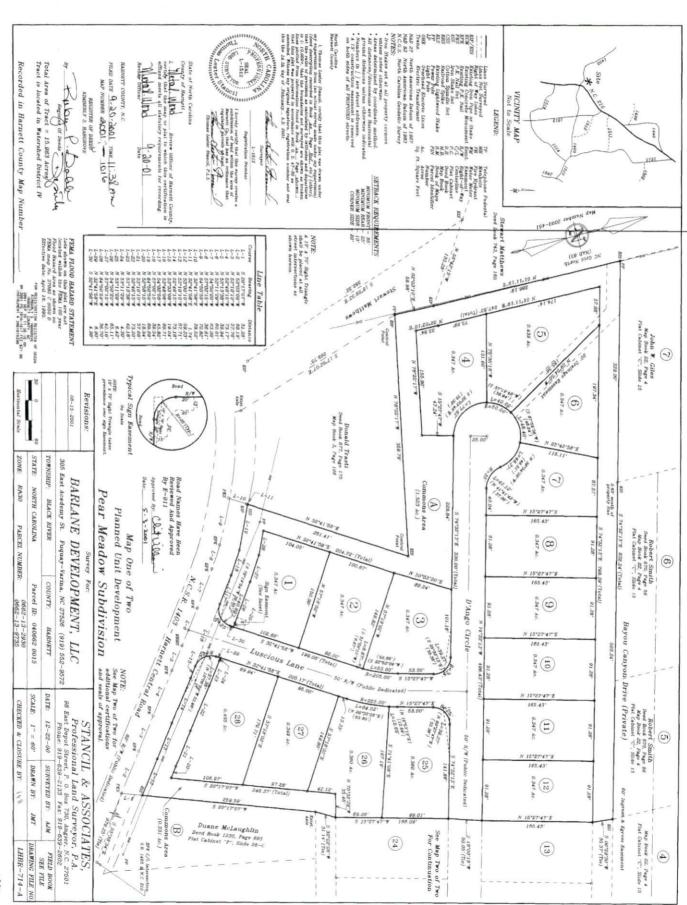
TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And 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:

2017 Ad valorem taxes, not yet due and payable.
Subject to any easements, restrictions, and right of ways of record, if any.
Protective Covenants in Book 1633, Page 832 and Book 1633, Page 836, Harnett County Registry.

IN WITNESS WHEREOF, the Grantor has hereunto set his instrument to be signed in its corporate name by its duly a written.	
/	Manaken (SEAL)
(ENTITY NAME)	SHARON GOERING
By: Title:	(SEAL)
By:	(SEAL)
Notary Public, North Ca My Commission Expir NORTH CAROLINA WAKE COUNTY	G (SEAL)
I certify that the following person(s) personally appeared before the foregoing document: SHARON GOERING.	me this day, each acknowledging to me that he or she signed
Witness my hand and official stamp or seal, this the $3^{\mbox{\scriptsize RD}}$ day of	April, 20 V
My Commission Expires: 8/18/2021	Notary Rustic
	Print Notary Name: Lynda R Herring



4101-1000 HABIT



KIMBERLY S. HARGROVE REGISTER OF DEEDS, HARNETT COURTHOUSE P.O. BOX 279 LILLINGTON, NC 27546

Filed For Registration:

09/20/2001 11:38:10 AM

Book:

PLAT 2001 Page: 1016-1017

Document No.:

2001016298

MAP 2 PGS \$21.00

Recorder:

RUBY P BABB

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS By:

Deputy/Assistant Register of Deeds

2001016298

£02-5-4414

HAI TT COUNTY HEALTH DEPART!

I IRONMENTAL HEALTH SECTION

№ 13665

OPERATIONS PERMIT

			/	/
ne: (owner)	PANIFI WALL BIL	DAINC	New Installation	☑ Septic Tank
perty Location:	SR# 710 + 140	5	□ Repairs	☑ Nitrification Line
	Subdivision Fran M	neadow	Lot #5	-
	TAX ID#		Quadrant #	
ntractor:	noll Constructe		Registration #	
ement with Plu	mbing:	Garage:		
ter Supply:	Well Public	Community		
tance From Wel	l: ft.			
lowing are the	specifications for the se	ewage disposal sys	stem on above captions	ed property.
e of system:	Conventional	Other Mel	E-TTT CAY INNS-9	95-3C
e of tank:	Septic Tank: 1006	gallons Pr	ump Tank: ga	llons
osurface iinage Field		_		epth of itches 18.00 in.
nch Drain:	Linear feet			
				10.00
RMIT NO/	8185	Inspected	by: Ames & M	Health Specialist
	Post lapar			
i t i	perty Location: attractor:	Subdivision From Particular Subdivision From Particular Subdivision From Particular Subdivision From Particular Supply: Concoling Conclusion	Subdivision	tance From Well:ft. It dowing are the specifications for the sewage disposal system on above captions of the system: Conventional Other ASE-727 (Asy INNS-7) of each dinage Field ditches of each ditch ft. ditches ft. dinage Field ditches Linear feet Date: F. Date: F. Date: F. Date:

HAR T COUNTY HEALTH DEPARTM

02 - 5 - 9414 r No 19185

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." New Installation Septic Tank Name: (owner) DANIE! WALL BIDE INC Property Location: SR#_Z/O Nitrification Line Repairs Subdivision PEAN MEADON Lot# 5 Quadrant # ____ Tax ID #__ Lot Size: , 435 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Eff-222 LAY TWNS. 95-38 Conventional Type of system: Septic Tank: _____ gallons Pump Tank: _____ gallons Size of tank: exact length width of depth of of each ditch 175 ft. ditches 3 ft. ditches in. Subsurface Drainage Field ditches French Drain Required: _ Linear feet Date: 5-10-02 Signed: James & Manhard areas Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. TSTAY IO OFF OF
DRAINATES

H ETT COUNTY HEALTH DEPARTMEN AU ___ORIZATION TO CONSTRU_.

Authorization is hereby given to construct a wastewater system to the specifical Harnett County Health Department, Improvement Permit # 19185 authorization shall be valid for a period not to exceed five (5) years from the description will be invalid if ownership, site plans, or intended use change	. This ate of issuance.			
DANCE WALL BIDDE	1554			
Name Telephon	e#			
Name Popular DA Figure W.C. 77576 Address				
710				
Property Location SR# Road Nar				
PEAN MBADOW 5 3	, 439			
Subdivision Lot # # Bedrooms Proposed	Lot size			
TYPE OF SYSTEM				
[New Installation [] Repair [] Septic Tank [] Nitrificiation Lines				
Conventional Other [] Basement [] With Plumbing [] W	ithout Plumbing			
Water Supply: [] Well [Public - Minimum Well Setback:Ft. Septic Tank Pump Chamber NITRIFICATION FIELD SPECIFICATIONS				
Number of fields Z # of lines per field Z Length of lines 125 Ft.				
Width of ditches ft. Depth of ditches /8- w 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.				
Signature of Authorized Agent for Harnett County Date				