

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

OWNER NAME Bill Strickland EMAIL ADDRESS: jeffsmithsell@nc@gmail.com  
PHONE 910-891-8709  
PHYSICAL ADDRESS 134 Meredith Lane  
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME \_\_\_\_\_

Meredith Station

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.

Bill Strickland by: Jeff Smith, property mgr.  
Owner Signature Date 4/7/25

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Application for Repair

EMAIL ADDRESS: Jeffsmithsellsnrc@gmail.com

OWNER NAME Bill Strickland PHONE 910-891-8709  
PHYSICAL ADDRESS 19 Goosberry Court Willow Spring NC  
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 27592

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME \_\_\_\_\_

Meredith Charlotte Station  
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

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Bill Strickland by Jeff Smith Property Mgr.  
Owner Signature Date 3/20/25



## 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) 2014

Installer of system \_\_\_\_\_

Septic Tank Pumper \_\_\_\_\_

Designer 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 day \_\_\_\_\_ county 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  
4. When was the septic tank last pumped? Dec 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 \_\_\_\_\_  
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 \_\_\_\_\_  
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? it appears one of the lines is crushed Water is Backing up in

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 \_\_\_\_\_

Backing up in yard

## Agreement between Property Manager and Home Owner

This agreement is between Property Owner, **Bill Strickland** and Property Manager, **JAMM Properties, LLC**

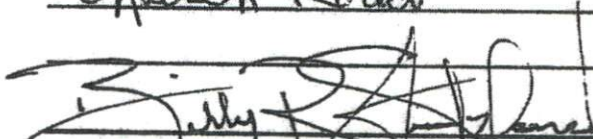
This agreement is valid for a term of 12 months, and Owner

Agrees to pay Property Manager as follows: 

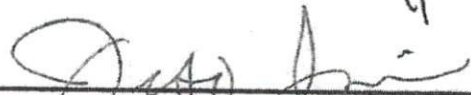
- 9 percent of rental amount, each month
- ~~1/4~~ monthly rental for NEW tenant, out of first month's rent

1/4 

- JAMM Properties will turn over ALL Deposits to Owner
- Any other items not covered above are listed below:
- Property Management for: 31 Meredith Lane,  
20 Meredith Lane, 134 Meredith Lane,  
7544 Troystone Drive, 2462 White Memorial  
Church Road

  
Bill Strickland, Property Owner

5/1/24

  
JAMM Properties, LLC (Jeff Smith) Property Manager 5/1/24

Matthew S. Willis Register of Deeds  
Harnett County, NC  
Electronically Recorded  
03/10/2025 10:12:58 AM NC Rev Stamp: \$1,820.00  
Book: 4274 Page: 2891 - 2893 (3) Fee: \$26.00  
Instrument Number: 2025003943

HARNETT COUNTY TAX ID#  
O/O 130538 0031

03-10-2025 BY MC

### NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$1,820.00

Parcel Identifier No. Portion of 130538 0031 Verified by \_\_\_\_\_ County on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By: \_\_\_\_\_

Mail/Box to: GRANTEE

This instrument was prepared by: Currie Tee Howell, Adams, Howell, Sizemore & Adams, P.A.

Brief description for the Index: 13.38 ACRES; MAP # 2025-141

THIS DEED made this 7th day of March, 2025, by and between

GRANTOR

GRANTEE

27 RIVER FARMS, LLC, A  
NORTH CAROLINA LIMITED LIABILITY  
COMPANY

BS LAND, LLC, A NORTH CAROLINA  
LIMITED LIABILITY COMPANY

303 RIVER ROAD  
FUQUAY-VARINA, NC 27526

466 STANCIL ROAD  
ANGIER, NC 27501

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 Upper Little River Township, Harnett County, North Carolina and more particularly described as follows:

SEE EXHIBIT "A " ATTACHED HERETO AND MADE A PART HEREOF.

All or a portion of the property herein conveyed \_\_\_\_ includes or ☒ 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 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:

This conveyance is expressly made subject to the lien created by all the Grantors' real 2025 Harnett County ad valorem taxes on said tract of land which the Grantor agrees to assume and pay in full when due.

Subject to all easements, rights-of-way, covenants and other restrictions as shown on the public record or as would be disclosed by an accurate survey and inspection of the land.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

GRANTOR(S):

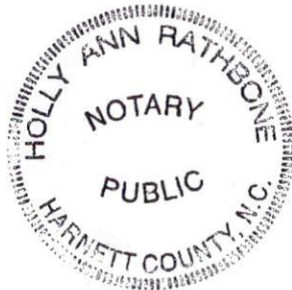
27 River Farms, LLC a North  
Carolina limited liability company

By: [Signature] (SEAL)  
Jay Smith, Member / Manager

State of NC - County or City of Harnett  
I, the undersigned Notary Public of the County or City of Harnett and State aforesaid, certify that Jay Smith personally came before me this day and acknowledged that he is the Member / Manager of 27 River Farms, LLC, a North Carolina limited liability company, 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 7th day of March, 2025.

Holly Ann Rathbone  
Holly Ann Rathbone  
Notary's Printed or Typed Name  
My Commission Expires: 8/27/28

(Affix Seal)



**EXHIBIT "A"**

**BEING ALL OF THAT TRACT LABELED, "27 RIVER FARMS, LLC 13.38 ACRES  
AREA TO BE RECOMBINED", AS SHOWN ON THAT PLAT ENTITLED "MAP OF  
CORRECTION ON RECOMBINATION SURVEY FOR: BS LAND LLC & 27  
RIVER FARMS LLC", AS RECORDED IN MAP # 2025 - 141, HARNETT  
COUNTY REGISTRY.**





HTE# 14-5-33111, JZ

## Harnett County Department of Public Health

23210

PERMIT # 27744

## Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION: 301441 Chalkboard Sp RdName: (owner) Confort Homes IncSUBDIVISION Meredith StationLOT # 14System Installer: Russell Phillips

Registration # \_\_\_\_\_

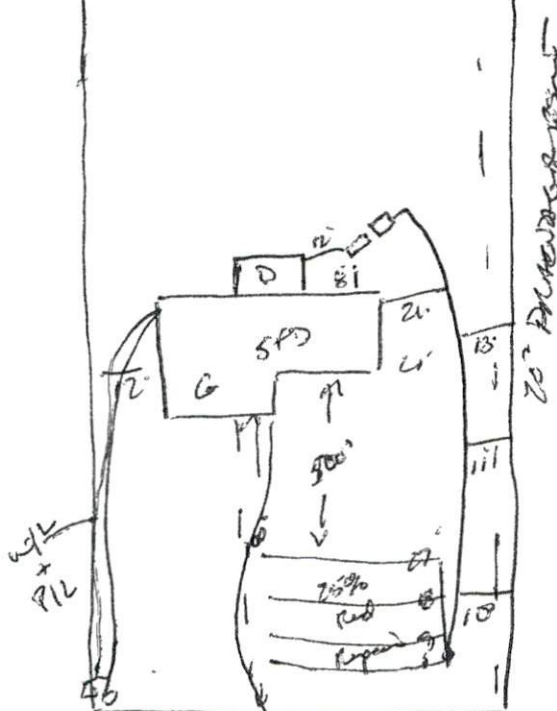
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well \_\_\_\_\_ feetSystem Type: Pipe to 25% Reduction System Type IIB Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

Pipe to 25% Reduction

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.

NEEDS Page 2 plan  
for finalMeredith Lane

## 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 25% Reduction system Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface No. of exact length width of depth of  
Drainage Field ditches 4 of each ditch 60 feet ditches 3 feet ditches 20-18 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent

James E. Manhart

Date

6-30-14

HTE# 14-5-33111R

## Harnett County Department of Public Health

27744

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Comfort Homes Inc PROPERTY LOCATION: 821441 Chalybeate Springs RD  
 NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION: Meredith Station LOT # 14  
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 Proposed Wastewater System Type: 25% Reduction System  
 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  
 Permit conditions: \_\_\_\_\_ ☐ No expiration

Authorized State Agent: James E. ManhartDate: 3-26-14

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: Comfort Homes Inc PROPERTY LOCATION: 821441 Chalybeate Springs RD  
 SUBDIVISION: Meredith Station LOT # 14  
 Facility Type: SFD ☒ New ☐ Expansion ☐ Repair  
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No  
 Type of Wastewater System\*\* 25% Reduction System Pump (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable ☐)  
25% Reduction System (Repair)  
 Installation Requirements/Conditions  
 Septic Tank Size 1000 gallons Number of trenches 4  
 Pump Tank Size 1000 gallons Exact length of each trench 60 feet  
 Trench Spacing: 9 Feet on Center  
 Trenches shall be installed on contour at a  
 Maximum Trench Depth of: 20-18 inches  
 (Maximum soil cover shall not exceed  
 36" above the trench bottom)  
 (Trench bottoms shall be level to +/- 1/4"  
 in all directions)  
 Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM  
 Aggregate Depth: 6 inches below pipe  
2 inches above pipe  
 Conditions: Follow Layout Close to permit 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. ManhartDate: 3-26-14Construction Authorization Expiration Date: 3-26-15

HTE# 14-5-331112

Permit # 27744

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Comfort Homes Inc PROPERTY LOCATOR: 321441 Chalybeate Springs RA  
SUBDIVISION Meredith Station LOT # 14

Authorized State Agent: [Signature] Date: 3-26-14

