

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 Chris Papadopoulos
Prestige Home Solutions EMAIL ADDRESS: Prestige Home Solutions
PHONE 919-368-9158 office@gmail.com

PHYSICAL ADDRESS 84 Mack Rd Lillington 27546

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 500 Cardinal Dr. Raleigh 27604

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

SUBDIVISION NAME McNeil Acres LOT #/TRACT # #17 STATE RD/HWY 89 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: _____
Rte 27 -> Norrington Rd ->
Mack Rd

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.

Owner Signature [Signature] Date 4/17/25

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) 1996
Installer of system _____
Septic Tank Pumper _____
Designer of System _____

1. Number of people who live in house? 2 # adults 1 # 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? _____ 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 No
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?
the septic tank is leaking. We are seeking replacement
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 _____

Matthew S. Willis Register of Deeds
Harnett County, NC
Electronically Recorded
11/01/2024 09:09:44 AM NC Rev Stamp: \$180.00
Book: 4259 Page: 538 - 539 (2) Fee: \$26.00
Instrument Number: 2024019486

HARNETT COUNTY TAX ID #
130528 0022 19

11-01-2024 BY: MMC

**NORTH CAROLINA
GENERAL WARRANTY DEED**

Excise Tax: \$ 180.00

Recording Time, Book and Page

Parcel Ref. No. 130528002219

Parcel Identifier No. 0528-71-8377

Mail after recording to: Grantee: 500 Cardinal Dr. Raleigh, NC 27604

This instrument was prepared by: William W. Browning, Atty (24-254)

THIS DEED made this 30th day of October, 2024, by and between

GRANTOR

TRIANGLE HOMES AND REHAB, INC. a Nevada corporation
3807 Woodside Rd. Garner, NC 27529

GRANTEE

PRESTIGE HOME SOLUTIONS, LLC, a North Carolina limited liability company
500 Cardinal Dr. Raleigh, NC 27604

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:

CONTAINING 0.81 acres, more or less, and being all of Lot 17 of MCNEILL ACRES, Section 2, as per plat and survey thereof now on file in Map Number 99-138 in the Office of the Register of Deeds of Harnett County, to which plat reference is hereby expressly made for a more particular description of same.

This property has street address 84 Mack Road..

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

Submitted electronically by "Browning Law Firm, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

A map showing the above described property is recorded in Map Number 99-138, and referenced within this instrument.

The above described property 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:

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

TRIANGLE HOMES AND REHAB, INC.

By: *Samuel Bret Beaman* President
Samuel Bret Beaman
President

STATE OF NORTH CAROLINA

COUNTY OF Johnston

I, MORGAN LONG, a Notary Public of the County and State aforesaid, certify that Samuel Bret Beaman personally appeared before me this day and acknowledged that he is President of Triangle Homes and Rehab, Inc., a Nevada Corporation, and that as President being duly authorized to do so, executed the foregoing on behalf of the corporation.

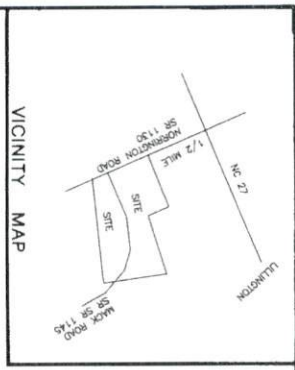
Witness my hand and official stamp or seal, this the 30th day of October, 2024.

My Commission Expires: June 2, 2026

Morgan Long
Notary Public

Print Notary Name: MORGAN LONG





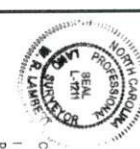
THE LOTS ON THIS PLAN HAVE BEEN DIVIDED BY A GRADE AND SURVEYED AS SEPARATE LOTS. IT IS HEREBY CERTIFIED THAT THIS PLAN MEETS APPROPRIATE REGULATIONS. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES OBSERVANCE OF THE SPECIFIC REQUIREMENTS OF THE REGULATIONS. THE PLAN IS SUBJECT TO THE APPROVAL OF THE HARNETT COUNTY PLANNING BOARD AND SHALL BE IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE DATE OF THE RECORD OF THIS PLAN. THE HARNETT COUNTY PLANNING BOARD HAS REVIEWED THIS PLAN AND HAS NO OBJECTION TO THE RECORD OF THIS PLAN. ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL BY PLANNING COMMISSION
 THE HARNETT COUNTY PLANNING BOARD HEREBY APPROVES THE FINAL PLAN FOR THE MCNEILL ACRES SUBDIVISION, SECTION 2, SUBDIVISION.
 DATE: 3-15-99
 CHAIRMAN, HARNETT COUNTY PLANNING BOARD

THE HARNETT COUNTY BOARD OF COMMISSIONERS HEREBY APPROVES THE FINAL PLAN FOR MCNEILL ACRES, SECTION 2, SUBDIVISION.
 DATE: 3-15-99
 W. R. LAMBERT
 CHAIRMAN, HARNETT COUNTY BOARD OF COMMISSIONERS

THE HARNETT COUNTY BOARD OF COMMISSIONERS HEREBY APPROVES THIS MAP.
 DATE: 3-15-99
 NCDOT ENGINEER

NORTH CAROLINA, JOHNSON COUNTY
 W. R. LAMBERT, Professional Land Surveyor No. L-12411, certifies that the plat was drawn under my supervision from an actual survey made in accordance with the laws of North Carolina. I am a duly licensed and sworn surveyor and I certify that the boundaries and acreage indicated are correct to the best of my knowledge and belief. I am not aware of any other persons claiming an interest in the land shown hereon. I certify that the survey was made in accordance with G.S. 42-20 as amended. I certify to one or more of the following as indicated:
 A. That the survey is of a portion of a county or municipality.
 B. That the survey is of an existing parcel or parcels of land and that the survey is of an existing parcel or parcels of land and that the survey is of an existing parcel or parcels of land and that the survey is of an existing parcel or parcels of land.
 C. That the survey is of a new street or alley, or other structure or other feature, such as a well, or other structure or other feature.
 D. That the survey is of a new street or alley, or other structure or other feature, such as a well, or other structure or other feature.
 E. That the information available to the surveyor is such that the surveyor is unable to certify as to the accuracy of the survey.
 Witness my official signature, registration number and seal this 15th day of March, 1999.

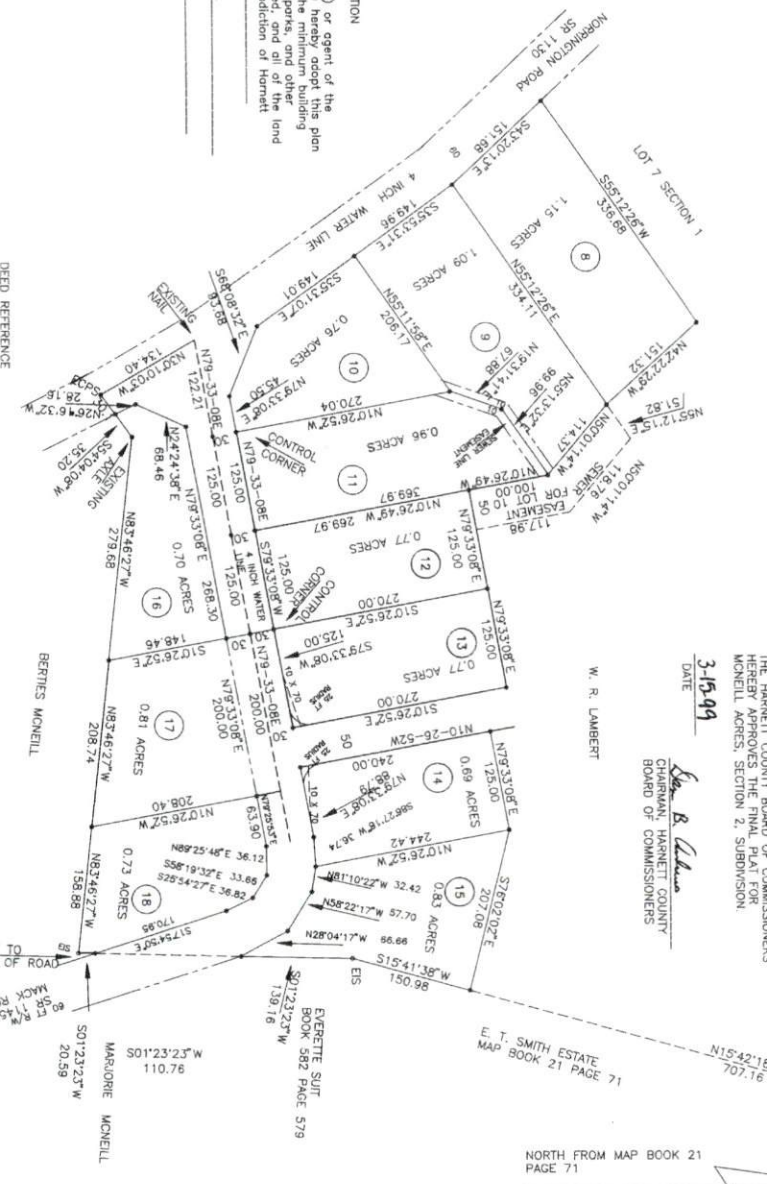


CERTIFICATE OF OWNERSHIP, DEDICATION AND JURISDICTION
 I (we) hereby certify that I am (we are) the owner(s) or agent of the property hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish the minimum building setback lines, and dedicate all streets, alleys, parks, and other sites and easements to public or private use as noted, and all of the land shown hereon is within the subdivision jurisdiction of Harnett County, except:

3-17-99
 DATE
 W. R. Lambert
 Surveyor
 Registration Number

SETBACK REQUIREMENTS
 FRONT 35
 SIDE 10
 BACK 25

IRON STAKES ARE SET AT ALL CORNERS EXCEPT FOR THOSE IN THE ROAD. PFK NAILS ARE AT CORNERS IN THE ROAD
 PUBLIC WATER IS AVAILABLE.



W. R. Lambert
 Surveyor
 Registration Number

DEED REFERENCE
 BOOK 1305 PAGE 579
 OWNER: W. R. LAMBERT
 508 N. LINCOLN STREET
 BENSON, N. C. 27504
 TELEPHONE 919 884 3575

LEGEND
 SM - existing steel rod
 SW - existing well
 CS - existing concrete structure
 ES - existing easement
 ELS - existing lighted easement

REVISIONS

MAP FOR MCNEILL ACRES SECTION 2
 TOWNSHIP: UPPER LITTLE RIVER
 COUNTY: HARNETT
 STATE: NORTH CAROLINA
 DATE: 1-20-99
 SCALE: 1 INCH = 100 FT
 TAX PARCEL: 13-0528-0022

STATE OF NORTH CAROLINA
 County of Harnett
 W. R. Lambert, Professional Land Surveyor No. L-12411, certifies that the plat was drawn under my supervision from an actual survey made in accordance with the laws of North Carolina. I am a duly licensed and sworn surveyor and I certify that the boundaries and acreage indicated are correct to the best of my knowledge and belief. I am not aware of any other persons claiming an interest in the land shown hereon. I certify that the survey was made in accordance with G.S. 42-20 as amended. I certify to one or more of the following as indicated:
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REVISIONS

MAP FOR MCNEILL ACRES SECTION 2
 TOWNSHIP: UPPER LITTLE RIVER
 COUNTY: HARNETT
 STATE: NORTH CAROLINA
 DATE: 1-20-99
 SCALE: 1 INCH = 100 FT
 TAX PARCEL: 13-0528-0022

00-40000015

OPERATIONS PERMIT

Name: (owner) Joel Ventura New Installation Septic Tank
 Property Location: SR# 1145 Repairs Nitrification Line
 Subdivision McNeil Acres Lot # 17
 TAX ID# _____ Quadrant # _____
 Contractor: Dening Registration # _____

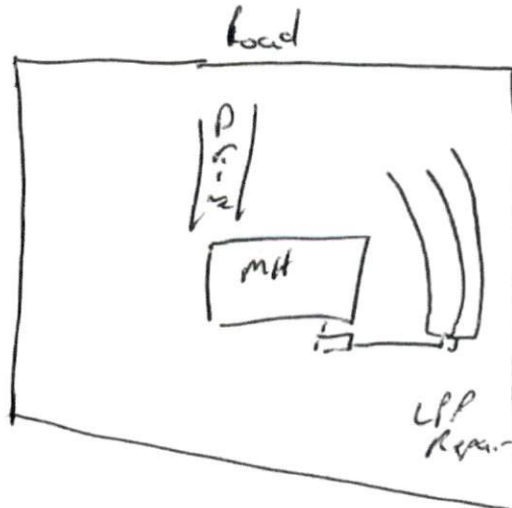
Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50m ft.

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

Type of system: Conventional Other Polyethylene Aggregate Trench System Iwws-95-72
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12 in. 6 in cover
 French Drain: _____ Linear feet

PERMIT NO. 16806

Date: 12/15/2000
 Inspected by: Dwight McJannet R.S.
 Environmental Health Specialist



00-40000015

II ROVEMENT PERM

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) Joel Ventura New Installation Septic Tank
Property Location: SR# 1145 Mack Rd. Repairs Nitrification Line

Subdivision McWell Acres Lot # 17

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: TWO Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance 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 Other _____

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

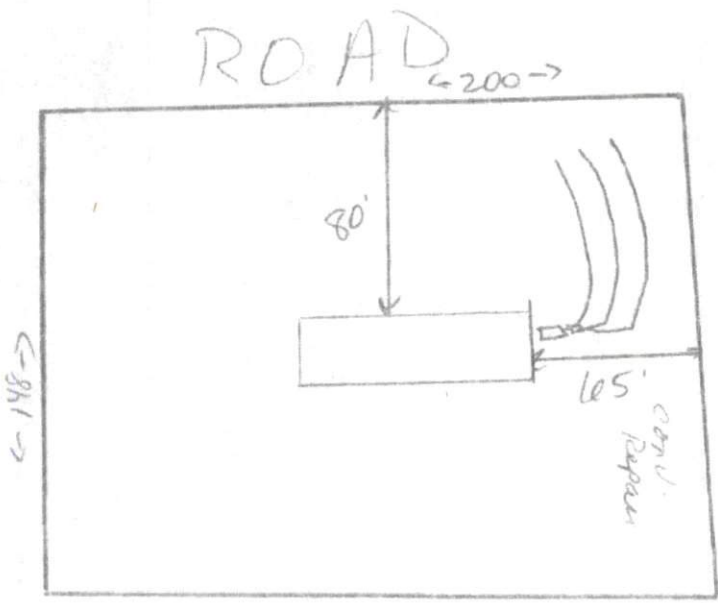
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: _____ Linear feet 6" cover required

Date: 17 Feb 2000

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

Signed: Vernon R. Dodge
Environmental Health Specialist



* set tank shallow to achieve fall
 * 6" cover required
 *

PERMIT REVOKED
 Applicant revised application for three bedroom! void 14 Nov 2000

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 # 16692. 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 _____

Name: Joel Ventura Telephone # 488-5046

Address: 5321 Amberhill Court Fay. NC

Property Location: SR # 1145 Road Name Mock

New Installation Repair Septic Tank Nitrification Lines

Subdivision M^cNeill area Lot # 17

Number of Bedrooms Proposed: TWO Lot size: _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber MAR 97 2000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 70 feet

Width of ditches 3 ft. Depth of ditches 12 inches 6" work required

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: Robert R. [Signature] Date: 17 Feb 2000