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

			EMAII	L ADDRESS:	Kennig 91384 Ognail con
OWNER PHYSICA	NAME <u>herny</u> 6	9 SWAN ISLAND	OAK CITCH	PHONE_ e , Bun retterit	910-495-5507 Wlevel NC 2834 28323
MAILING	ADDRESS (IF DIFFFEREN	T THAN PHYSICAL) 50	9 SWAN	ISLAND	CT, FAyetteville NC, 2831
IF RENTII	NG, LEASING, ETC., LIST F	ROPERTY OWNER NAME_	Kenny	6ducz	
Fores	St OAKS				
	SION NAME	LOT #/TRACT #	STA	TE RD/HWY	SIZE OF LOT/TRACT
Type of [Owelling: [] Modular	[] Mobile Home	[] Stick built	[] Other_	
Number	of bedrooms3	[] Basement			
	Yes [/ No []	Dishwasher: Yes	[] ON []		Garbage Disposal: Yes [1] No []
Water Su	upply: [] Private Well	[] Community Sy	ystem	[/] County	
Direction	ns from Lillington to your	site:			
In order	for Environmental He	alth to help you with you	r repair, you w	ill need to	comply by completing the following:
		<u>d map</u> " and <u>"deed to your</u> showing on your survey ma		be attached	to this application. Please inform us of any
2.	The outlet end of the tan uncovered, property line	k and the distribution box v	vill need to be ur ties marked, and	the orange	I property lines flagged. After the tank is 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.

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.

lave y dso, w	ou received a violation letter for a failing system from our office? []YES [YNO vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for this site? []YES [Vithin the last 5 years have you completed an application for repair for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed an application for the last 5 years have you completed and 5 years	NO
nstalle eptic	ome was built (or year of septic tank installation)	
1. 2.	Number of people who live in house?# adults# children 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 county
4. 5. 6.	If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped? How often do you have it pumped? If you have a dishwasher, how often do you use it? [] daily [] every other day If you have a washing machine, how often do you use it? [] daily [] every other day [] week	[] weekly dy [] monthly
9.	Do you use an "in tank" toilet bowl sanitizer? [] YES [] NO Are you or any member in your household using long term prescription drugs, antibiotics chemotherapy?] [] YES [] NO If yes please list Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kinds	
12.	Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [] NO Have you installed any water fixtures since your system has been installed? [] YES [] No please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, to	ilets
13. 14.	Do you have an underground lawn watering system? [YES [] NO Has any work been done to your structure since the initial move into your home such as, 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 first noticed? Water coming up From the Front Lawn. This year.	when was this
17.	Do you notice the problem as being patterned or linked to a specific event (i.e., wash clo rains, and household guests?) [] YES [] NO If Yes, please list	
-		



HARNETT COUNTY TAX ID# 01-053602 0028 68

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$328.00	¥
Parcel Identification No.: 01-0536-02-0028-68 Verified by Harn	nett County
Ву:	
Mail/Box to: Single Source Real Estate Services, Inc., PO Box	87590, Fayetteville, NC 28304
This instrument was prepared by: The Barfield Law Firm	File No: 37362-14DB-HM
Brief description for the Index: 75 Holly Oak Circle, Bunnleve	el, NC 28323
THIS DEED made this 22nd day of July, 2014 by and between	
GRANTOR	GRANTEE
Danny L Sutton, Jr. and wife, Crystal S Sutton	Kenny O Gomez Machado and wife, Maria V Leon Santiago
3338 Buffalo Lake Road Sanford, NC 27332	75 Holly Oak Circle Bunnlevel, NC 28323
The designation Grantor and Grantee as used herein shall include include singular, plural, masculine, feminine or neuter as require WITNESSETH, that the Grantor, for a valuable considerat acknowledged, has and by these presents does grant, bargain, sel	d by context. ion paid by the Grantee, the receipt of which is hereby

or parcel of land situated in or near the City of Bunnlevel, Anderson Creek Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 68 in a subdivision known as FOREST OAKS SUBDIVISION, PHASES ONE & TWO and the same being duly recorded in Plat Book 2005, at page 401, Harnett County Registry, North Carolina.

Parcel Identification No. 01-0536-02-0028-68

Property Address: 75 Holly Oak Circle, Bunnlevel, NC 28323

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2251, Page 485.

All or a portion of the property herein conveyed X includes or ____ does not include the primary residence of the Grantor.

A map showing the above described property is recorded in Plat Book 2005, Page 401.

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 the 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 claim of all persons whomsoever, other than the following exceptions:

Subject to Restrictive Covenants, Easements and Rights-of-way as they may appear of public Record. Ad-valorem taxes not yet due and payable.

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

			· and fett	5	(SEAL)
(Entit	y Nam	e)	Danny L Sutton,	Jr	
_			Alustel	O. Judo	(SEAL)
Ву:	y:			D. Occas	
00100-004			Crystal S Sutton		(05.11)
Ву:		- B - E.C			(SEAL)
					(SEAL)
Notary Public Cumberland Co. R. 19726/2018 Notary Public Cumberland Co. R. 19726/2018 Notary Public Cumberland Co. R. 19726/2018		State of North Carolina Cour	ty of Cumberland		
WILLIGLAS BARE	Ę	I, the undersigned Notary Pub	lic of Cumberland Co	inty. State of North C	arolina certify the
THE OUT OF THE PARTY OF THE PAR	0	Danny L Sutton, Jr. and w	ife. Crystal S Sutton	personally appeared b	efore this day an
Notary Public _=	ž	acknowledged the due executi	on of the foregoing instr	ument for the purposes	s therein expressed
My Commerciand Co.	- 3	Witness my hand and Notarial	stamp or seal, this 22nd	day of July, 2014.	
09/26/2018 Expires	USE BLACK INK ONLY	My Commission Expires:		-	
TO NATIONAL STREET	E B		12	() x p	11 0
CAROLINIA	ns	9/24/18	-	WY B	11
""Innumum"		State of North Carolina Cour	Notary	Public /	
		State of North Carolina Cour	ity 01		
	ĽΣ	I, the undersigned Notary Pub	ic of Raeford County,	State of North Carolin	a, certify that
	USE BLACK INK ONLY		45	personally came	before me this da
	×	and acknowledged that _he is	the	of	to bis /limits
	Z	a North Carolina corporation partnership (strike through the	on/limited liability	company/general	partnership/limite
	S	each entity, he signed the fo	racing instrument in it	s name on its hehalf	as its act and dee
	Ž	Witness my hand and Notarial	stamp or seal this	day of	
	B .	Withest my maid and rectains	stamp of sear and		-
	OS				
	_	My Commission Expires: _	Notary		
				Public	
		State of North Carolina Cou	nty of		
	USE BLACK INK	I, the undersigned Notary Pub	lic of Raeford County,	State of North Carolin	a, certify that
	X×	Witness my hand and Notaria	stamp or seal this	day of	
	BLACE	withess my hand and rotalia	stamp or sear tims	, day 01	
	B 3				
	USI				
		My Commission Expires: _		Notary Public	:
				is/are certified t	
he ferracing Contificato(s) of					o be correct.
he foregoing Certificate(s) of his instrument and this certificate	are dul	registered at the date and time	and the Book and Page	shown on the first pag	o be correct. e hereof.
The foregoing Certificate(s) of This instrument and this certificate		registered at the date and time			





KIMBERLY S. HARGROVE REGISTER OF DEEDS, HARNETT 305 W CORNELIUS HARNETT BLVD SUITE 200 LILLINGTON, NC 27546

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of recorded document, and must be submitted with original for re-recording and/or cancellation.

Filed For Registration:

05/17/2005 09:30:15 AM

Book:

PLAT 2005 Page: 401-402

Document No.:

2005008560

MAP 2 PGS \$21.00

Recorder:

TRUDI C SMITH

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

Deputy/Assistant Register of Deeds

2005008560

2005008560

HTE # 05. 50012663R

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

18090

OPERATIONS PERMIT

Name: (owner) H3H	☑ New Installation ☑ Septic Tank ☐ Repair
Property Location: SR# //25 Subdivision FORCOT DAKS Lot # 68 Tax ID #	✓ Nitrification Line ☐ Expansion Quadrant #
Contractor: 0171. (K LAND	Registration #
Basement with Plumbing: Garage: Garage:	Line, On TANKS ON 12-1-05 GAV
Basement with Plumbing: ☐ Garage: ☑ Water Supply: ☐ Well ☑ Public ☐ Community Distance From Well:ft.	Needs Mann) Alman Dor & Proop Christed
Following are the specifications for the sewage dispo	
Type of system: Conventional Other	pt 25% Reduction STITEM
Size of tank: Septic Tank: 1000 gallons Pur	np Tank: ODS gallons E. 7 - Flow
Subsurface No. of exact length of each ditches of each ditches	width of depth of ditches 13 ft. depth of ditches 13 ft.
French Drain Required: Linear feet	-2Flar Date: 12-22-05
PERMIT NO. 22719	Inspected by:
Dr. N.C.	3 Br
071-1000 178 100	B11-1200 P1214

HTE# 05:500 12667R

IMPROVEMENT PERMIT 22719

	to be used for disposal of sewage without first obtaining a written
	New Installation Septic Tank Repair
Property Location: SR# 1125 Subdivision FORCY DAK	Nitrification Line Expansion
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 3(50x47)	Quadrant # (760 g/d) Lot Size: 68 Ac
Basement with Plumbing: Garage:	
Water Supply: Well Public Con	nmunity
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage	ge disposal system on above captioned property.
Subject to final approval. Type of system: Conventional Other	0 7 2 1 0 1 1 6 1
Type of system:	Turp 15 dit. Reduction System
Size of tank: Septic Tank:(000 gallons	Pump Tank: gallons
Subsurface No. of Drainage Field ditches 3 ft. exact length of each ditches Linear feet	width of depth of ft. ditches 1824 in. Date: 08-08-05
This narmit is subject to revecation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
This permit is subject to revocation if site plans or intended use change.	
plans of intended use change.	Signed: Signed:
7.0	Signed:
Ju	Environmental Health Specialist
3	Jag Meet on in

AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2271?
authorization shall be valid for a period not to exceed five (5) years f.
This authorization will be invalid if ownership, site plans, or intended use change.
Name
Telephone #
Address
1125
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Wother Pump To 25% Reclaim SYNTER
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 7) Ft.
Width of ditches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or plant in the
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 Hamou Company
Signature of Authorized Agent for Harnett County Date