

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: Juan Ortiz.NC@outlook.com

OWNER NAME Juan Ortiz PHONE \_\_\_\_\_

PHYSICAL ADDRESS 812 Manor hills rd. Lillington NC 27546

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

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

Manor Hills  
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: Manor hills rd. is off of 421.

**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

5/30/25  
Date

## 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) 1969 - year of home

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

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

Designer of System \_\_\_\_\_

1. Number of people who live in house? 2 # adults 3 # children 5 # total  
2. What is your average estimated daily water usage? 5,628 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 \_\_\_\_\_  
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 last 2 drain lines in my leach field are surfacing greywater. The problem is worst when it rains. I noticed it a couple of months after moving 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 I've had a septic company assess the problem, and they determined that the current french drain is failing because its not deep enough.



Matthew S. Willis Register of Deeds

Harnett County, NC

Electronically Recorded

07/27/2023 12:38:43 PM

NC Rev Stamp: \$680.00

Book: 4201 Page: 1690 - 1692 (3) Fee: \$26.00

Instrument Number: 2023012323

HARNETT COUNTY TAX ID #  
130640 0094

07-27-2023 BY: SM

**NORTH CAROLINA GENERAL WARRANTY DEED**

Excise Tax:	\$ 680.00
Parcel ID:	130640 0094
Mail/Box to:	Kathryn Johnston Tart, PLLC, 1300 S Main St, Lillington, NC 27546
Prepared by:	Kathryn Johnston Tart, PLLC, 1300 S Main St, Lillington, NC 27546
Brief description for the Index:	NO TITLE NOR TAX ADVICE GIVEN BY PREPARER.

THIS GENERAL WARRANTY DEED ("Deed") is made on the 27th day of June 2023, by and between:

GRANTOR	GRANTEE
Benjamin Lee Goins and wife, Christina J. Goins, FKA Christina J. Damrow 812 Manor Hills Lillington, NC 27546	Juan Gabriel Ortiz and wife, Carmen Rosanna Ortiz 812 Manor Hills Lillington, NC 27546

*Enter in the appropriate block for each Grantor and Grantee their name, mailing address, and, if appropriate, state of organization and character of entity, e.g. North Carolina or other corporation, LLC, or partnership. Grantor and Grantee includes the above parties and their respective heirs, successors, and assigns, whether singular, plural, masculine, feminine or neuter, as required by context.*

FOR VALUABLE CONSIDERATION paid by Grantee, the receipt and legal sufficiency of which is acknowledged, Grantor by this Deed does hereby grant, bargain, sell and convey to Grantee, in fee simple, all that certain lot, parcel of land or condominium unit in the City of Lillington, \_\_\_\_\_ Township, Harnett County, North Carolina and more particularly described as follows (the "Property"):

See attached Exhibit A

All or a portion of the Property was acquired by Grantor by instrument recorded in Book 4108 page 826.

All or a portion of the Property ☒ includes or ☐ does not include the primary residence of a Grantor.

Page 1 of 2

NC Bar Association Real Property Section Form No. 3 © Revised 02/2021  
Printed by Agreement with the NC Bar Association

Submitted electronically by "Sterling Law"  
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 Property is recorded in Plat Book \_\_\_\_\_ page \_\_\_\_\_.

TO HAVE AND TO HOLD the Property and all privileges and appurtenances thereto belonging to Grantee in fee simple. Grantor covenants with Grantee that Grantor is seized of the Property in fee simple, Grantor has the right to convey the Property in fee simple, title to the Property is marketable and free and clear of all encumbrances, and Grantor shall warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, Grantor has duly executed this North Carolina General Warranty Deed, if an entity by its duly authorized representative

Name: Benjamin Lee Goins

Name: Christina J. Goins

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Entity Name \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF North Carolina, COUNTY OF Harnett

I, Kathryn J Tart, a Notary of the above state and county, certify that the following person(s) personally appeared before me on the 26<sup>th</sup> day of June, 2023 each acknowledging to me that he or she signed the foregoing document, in the capacity represented and identified therein (if any): Benjamin Lee Goins, Christina J. Goins

Affix Notary Seal/Stamp

KATHRYN J TART  
NOTARY PUBLIC  
Wake County  
North Carolina  
My Commission Expires 9-8-2026

Notary Public (Official Signature)

My commission expires: 9-8-2026

EXHIBIT A  
for  
JUAN GABRIEL ORTIZ AND CARMEN ROSANNA ORTIZ

Harnett County:

The land hereinafter referred to is situated in the City of Lillington, County of Harnett, State of NC, and is described as follows:

BEGINNING AT A STAKE IN THE LINE DIVIDING THE LANDS OF JAMES CHRISTIAN AND J. H. ATKINS AND BEING THE NORTHWESTERN CORNER OF LOT NO. 2 AND THE SOUTHWESTERN CORNER OF LOT NO. 3, AND BEING 444.2 FEET NORTH OF 31 DEGREES 30 MINUTES EAST FROM THE NORTHERN MARGIN OF U.S. HIGHWAY 421; AND RUNS THENCE WITH THE LINE OF JAMES CHRISTIAN NORTH 31 DEGREES 30 MINUTES EAST 257.1 FEET TO A STAKE; THENCE SOUTH 63 DEGREES 31 MINUTES EAST 353.7 FEET TO THE MANOR HILLS ROAD, BEING A CORNER WITH THE PROPERTY OF WILLIE CAMERON; THENCE RUNNING WITH THE SAID MANOR HILLS ROAD, SOUTH 26 DEGREES 29 MINUTES WEST 200 FEET; THENCE SOUTH 36 DEGREES 1 MINUTE WEST 79 FEET; THENCE SOUTH 56 DEGREES 22 MINUTES WEST 48.2 FEET; THENCE SOUTH 72 DEGREES 30 MINUTES WEST 59.9 FEET; THENCE SOUTH 89 DEGREES 57 MNUTES WEST 71.8 FEET; THENCE SOUTH 79 DEGREES 52 MINUTES WEST 57.1 FEET TO A STAKE; THENCE NORTH 21 DEGREES WEST 252.7 FEET TO THE POINT OF BEGINNING, AND BEING LOT NO. 3 IN THAT MAP PREPARED BY W.R. LAMBERT, DATED APRIL 1, 1968, AND CONTAINING 2.9 ACRES, MORE OR LESS.

Being all that certain property conveyed from CHRISTINA J. JOINS F/K/A CHRISTINA J. DAMROW, A MARRIED WOMAN, JOINED BY HER SPOUSE, BENJAMIN L. GOINS to CHRISTINA J. GOINS, A MARRIED WOMAN by the deed dated April 29, 2016, and recorded May 2, 2016, in Book NOT AVAILABLE, Page NOT AVAILABLE of official records.

**Parcel ID:** 130640 0094  
**Address:** 812 Manor Hills, Lillington NC 27546



HTC# Repair  
PERMIT # 29038

# Halmet County Department of Public Health

24123

## Operation Permit

☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: 812 Manor Hills

Name: (owner) Christina Goring

SUBDIVISION Manor Hills

LOT # \_\_\_\_\_

System Installer: Mark Carson

Registration # 5032

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 4

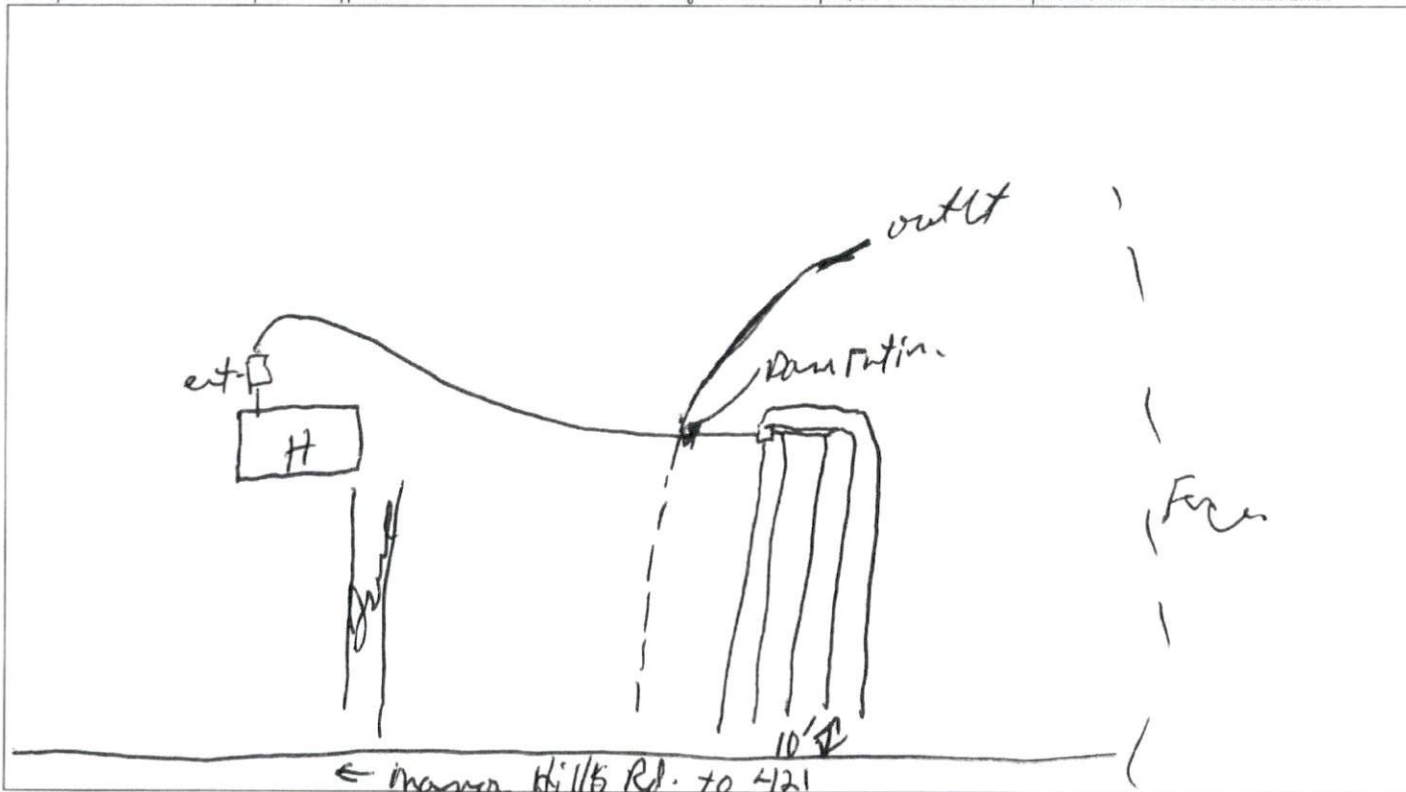
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 50 feet

System Type: \_\_\_\_\_ 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.

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.



### 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% Repetition Septic Tank: ent gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of 5 exact length 70 width of 3 depth of 18  
Drainage Field ditches feet of each ditch feet ditches inches

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

Authorized State Agent

John H. Byrd R.E.H.S.

Date

12/12/11

HTE# Repair  
PERMIT # 29038

# Harnett County Department of Public Health

24123

## Operation Permit

☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: 812 Manor Hills

Name: (owner) Christina Goins SUBDIVISION Manor Hills LOT #       

System Installer: Mark Curran Registration # 5032

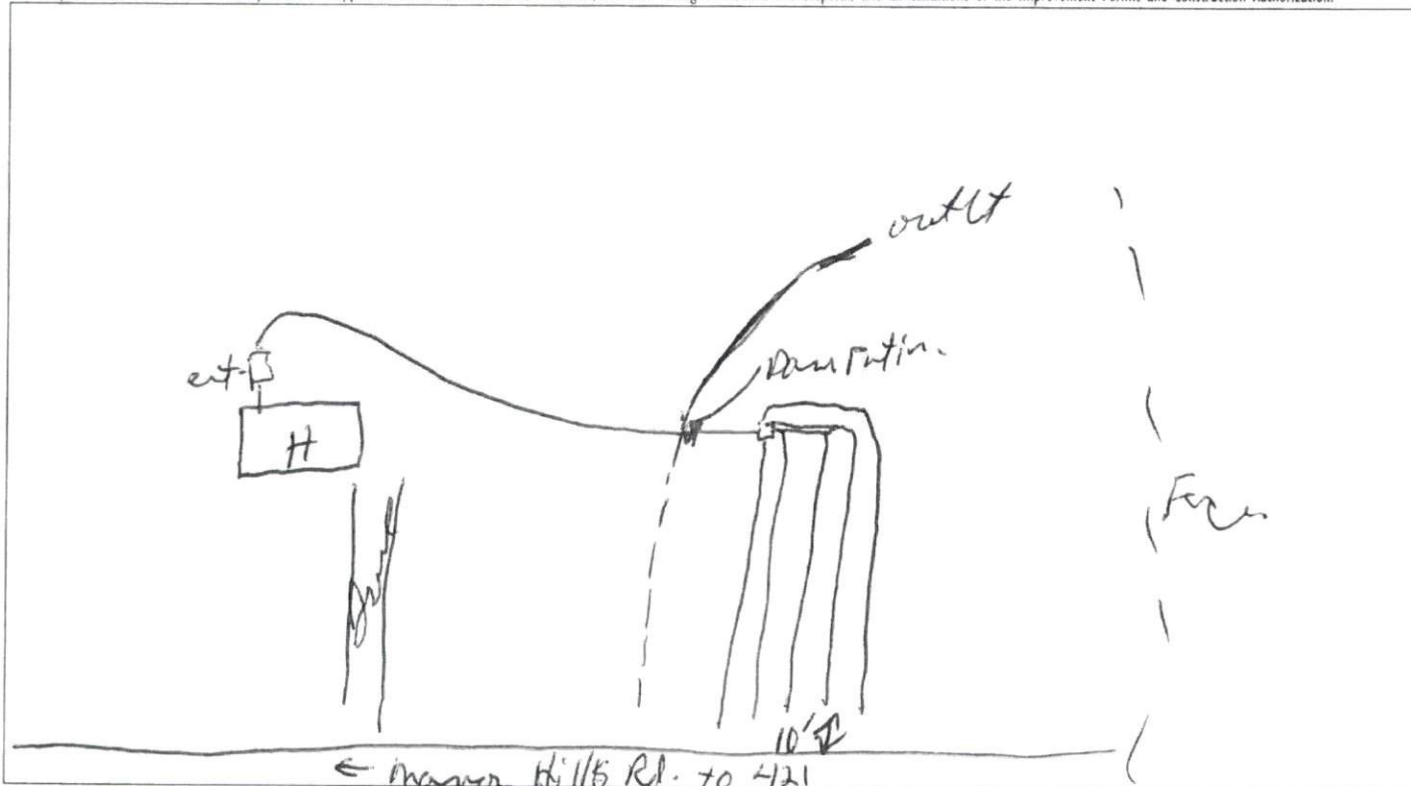
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 4

Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 50 feet

System Type:        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.

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.



### 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% Repetition Septic Tank: ext gallons Pump Tank:        gallons

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 70 feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required:        Linear feet

Authorized State Agent

John H. Byrd R.E.H.S.

Date 12/12/16

HTE# REPAIRHarnett County Department of Public Health  
Improvement Permit

29038

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CHRISTINA GOINS PROPERTY LOCATION: 812 MANOR HILLS  
NEW ☐ REPAIR ☒ EXPANSION ☐ SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
Type of Structure: EXT. SFO Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
Proposed Wastewater System Type: 25% REDUCTION SYSTEM  
Projected Daily Flow: 480 GPD  
Number of bedrooms: 4 Number of Occupants: 8 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: [Signature] Date: 10/6/16 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: CHRISTINA GOINS PROPERTY LOCATION: 812 MANOR HILLS  
FACILITY TYPE: EXT. SFO SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
Basement? ☐ Yes ☐ No ☐ New ☐ Expansion ☒ Repair  
Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: \_\_\_\_\_ GPD  
(See note below, if applicable ☐)  
25% REDUCTION SYSTEM (Repair)  
Installation Requirements/Conditions  
Septic Tank Size EXISTING gallons Number of trenches 5  
Pump Tank Size \_\_\_\_\_ gallons Exact length of each trench 70 feet  
Trenches shall be installed on contour at a Trench Spacing: 9 Feet on Center  
Maximum Trench Depth of: 18 inches Soil Cover: 6 inches  
(Trench bottoms shall be level to  $\pm 1/4"$  (Maximum soil cover shall not exceed  
in all directions) 36" above the trench bottom)  
Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM Aggregate Depth: \_\_\_\_\_ inches below pipe  
Conditions: DRAIN REQUIRED ABOVE SYSTEM \_\_\_\_\_ inches above pipe  
\_\_\_\_\_ 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: [Signature] Date: 10/6/16  
Construction Authorization Expiration Date: 10/6/21



HTE# REPAIR

Permit # 29038

Harnett County Department of Public Health  
Site Sketch

ISSUED TO: CHRISTINA GOINS PROPERTY LOCATOR: 812 MANOR HILLS  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: NEALS (JUNIOR TOLKSDORF) Date: 10/6/16

\* MEET ON SITE TO VERIFY LAYOUT

\* DRAIN - 30 INCHES DEEP

