

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: burrellfamilyhomestead@gmail.com

OWNER NAME Heather Burrell

PHONE 704-813-8068

PHYSICAL ADDRESS 86 Olde Cypress Point Cameron, NC 28326

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

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

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.

Heather Burrell
Owner Signature

6/3/2025
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) 2012

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? 2 # adults 4 # children 6 # 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 Kaleb Burrell

3. If you have a garbage disposal, how often is it used? ☐ daily ☐ weekly ☐ monthly

4. When was the septic tank last pumped? April 2005 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 N/A

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?

Leach lines leaking and Septic staying full noticed around mid May

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 When using laundry

and dishwasher and bathing all in the same day

Matthew S. Willis Register of Deeds
Harnett County, NC
Electronically Recorded
04/15/2025 11:42:26 AM NC Rev Stamp: \$766.00
Book: 4280 Page: 995 - 996 (2) Fee: \$26.00
Instrument Number: 2025006427

HARNETT COUNTY TAX ID #
099544 0024 23

04-15-2025 BY: MMC

NORTH CAROLINA GENERAL WARRANTY DEED

This instrument prepared by: Frank C. Thigpen, Thigpen & Jenkins, LLP

Mail after recording to: Grantee

NO TITLE EXAMINATION COMPLETED

Revenue \$766 Parcel ID 099544-0024-23

Brief description for the index: Lot 24, Cypress Pointe

This Deed made this day of April, 2025 by and between:

GRANTOR:	GRANTEE:
GRANTOR Latoya Chantae Anderson a/k/a Latoya Chantae Howard and husband, Clifford Howard 281 Fountain Grove Dr Raeford, NC 28376	GRANTEE Kaleb Burrell and wife, Heather Burrell 86 Olde Cypress Point Cameron, NC 28326

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, tract, or parcel of land situated in the City of Cameron, Harnett County, North Carolina, and more particularly described as follows:

BEING ALL OF LOT 24, CYPRESS POINTE SUBDIVISION, PER PLAT AND SURVEY THEREOF
RECORDED IN PLAT BOOK 2011, PAGE 575, HARNETT COUNTY REGISTRY, NORTH CAROLINA.

FOR FURTHER REFERENCE SEE DEED BOOK 4080 AT PAGE 528 OF THE HARNETT COUNTY,
NORTH CAROLINA REGISTRY.

THE ABOVE DESCRIBED PARCEL X WAS ____ WAS NOT THE PRIMARY RESIDENCE OF THE
GRANTOR.

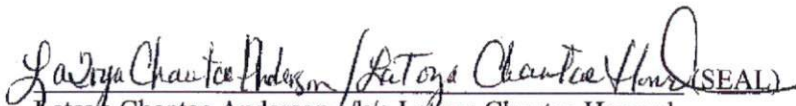
THIS CONVEYANCE IS MADE SUBJECT TO: (I) AD VALOREM TAXES FOR THE CURRENT YEAR, WHICH TAXES SHALL BE PRORATED AT CLOSING; (II) UTILITY EASEMENTS OF RECORD; (III) RESTRICTIONS ENFORCEABLE AGAINST THE PROPERTY.

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 said premises in fee and has the right to convey in fee simple; that the title is marketable and free and clear of all encumbrances and that the Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

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.

IN WITNESS WHEREOF, the said Grantors have hereunto set their hands and seals the day and year first above written.

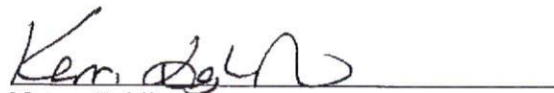
 (SEAL)
Latoya Chantae Anderson a/k/a Latoya Chantae Howard

 (SEAL)
Clifford Howard

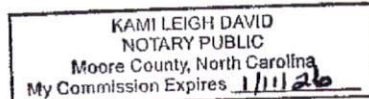
STATE OF NC
COUNTY OF Moore

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: Principal(s): Latoya Chantae Anderson a/k/a Latoya Chantae Howard and Clifford Howard.

Date: 4/8/25


Notary Public

My Commission expires: 1/11/26



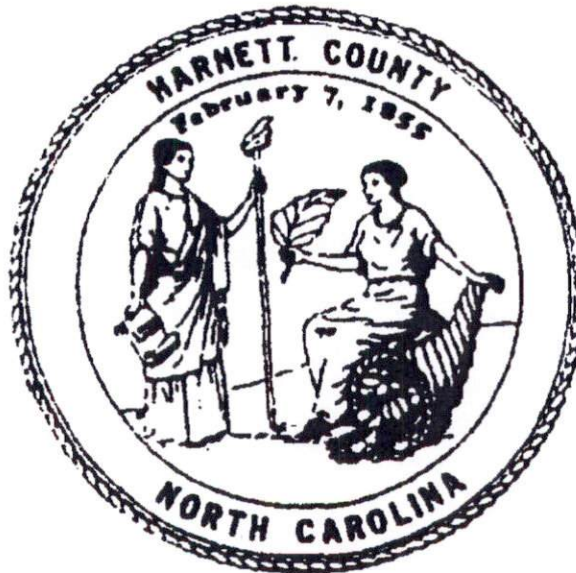
KIMBERLY S. HARGROVE Register of Deeds
By: Mudi Bluestein
Assistant/Deputy Register of Deeds

ZONE RA-20M	WATERSHED DISTRICT WS - 111 - HOW
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AX PARCEL ID#:	
SEE PLAT	
CHECKED & CLOSURE BY:	

MRB	11037
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MAP BK 22,PAGE 88



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

Filed For Registration: 10/05/2011 11:10:14 AM
Book: PLAT 2011 Page: 575-576
Document No.: 2011014562
MAP 2 PGS \$21.00
Recorder: TRUDI S WESTER

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

DO NOT DISCARD

2011014562

HTE# REPAIR

Hannett County Department of Public Health

29672

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____ PROPERTY LOCATION: _____
NEW ☐ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____ LOT # _____
Type of Structure: _____ Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: _____
Projected Daily Flow: _____ GPD
Number of bedrooms: _____ Number of Occupants: _____ 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: _____ Date: _____ 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: WAYNE FOY PROPERTY LOCATION: 860 LOG CYPRESS POINTE
SUBDIVISION LOG CYPRESS POINTE LOT # 24
Facility Type: EXISTING SFD ☐ New ☐ Expansion ☒ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No
Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable ☐) Pump To 25% Reduction (Repair)

Installation Requirements/Conditions
Septic Tank Size EXIST gallons
Pump Tank Size EXIST gallons
Number of trenches 3
Exact length of each trench 100 feet
Trenches shall be installed on contour at a
Maximum Trench Depth of: 12 inches
(Trench bottoms shall be level to $\pm 1/4$ "
in all directions)
Pump Requirements: _____ ft. TDH vs. _____ GPM
Aggregate Depth: _____ inches below pipe
_____ inches above pipe
_____ inches total
Conditions: _____

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: _____ Date: 7/7/17
Construction Authorization Expiration Date: 7/7/22

HTE# REPAIR

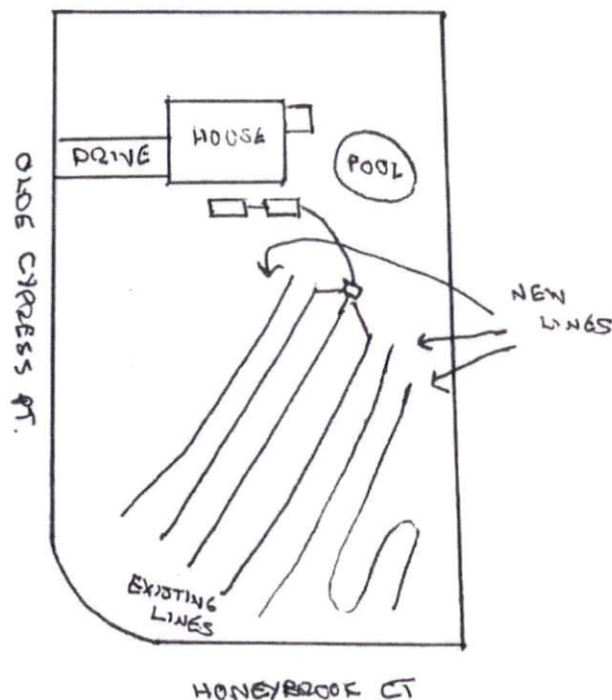
Permit # 29672

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATION: 86 OLOE CYPRESS POINTE
ISSUED TO: WAYNE FOY SUBDIVISION OLOE CYPRESS POINTE LOT # 24
Authorized State Agent: ~~REAS (OLIVER TOLKSDORF)~~ Date: 7/7/17

* MINIMUM OF 6" OF COVER NEEDED OVER DRAIN FIELD

* ALLOW BOTH ~~DRAIN~~ DRAIN FIELDS TO BE USED INDEPENDENTLY
(USE BULL RUN VALVE ; D-BOXES AS NEEDED)



HTE# 12-52873812

Harnett County Department of Public Health

PERMIT # 26994

Operation Permit

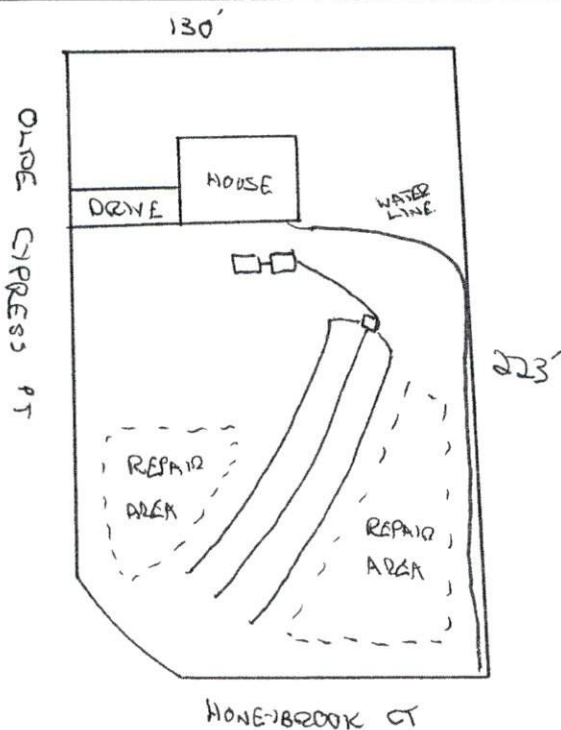
22506

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION: CYPRESS CHURCH RDName: (owner) D R Horton Inc SUBDIVISION CYPRESS POINTE LOT # 24System Installer: JASON MATTHEWS Registration # _____Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feetSystem Type: IIIb 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: PUMP, ALARM, & WATER LINE NEED TO BE CHECKED ✓☐ 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 PUMP TO EZ FLOW Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 100 feet width of ditches 3 feet depth of ditches 12 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

RCHS

Date 10/1/12

HT# 12-5-287392R Harnett County Department of Public Health

Improvement Permit

26994

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: D R Horton Inc PROPERTY LOCATION: CYPRESS CHURCH RD
 NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION: CYPRESS POINTE LOT # 24
 Type of Structure: SFD (38'x51') Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: Pump To 25% Reduction
 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 100 feet Permit valid for: ☒ Five years
 Permit conditions: _____ ☐ No expiration

Authorized State Agent: [Signature] Date: 5/3/12 6-8-12 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: D R Horton Inc PROPERTY LOCATION: CYPRESS CHURCH RD
 SUBDIVISION: CYPRESS POINTE LOT # 24
 Facility Type: SFD (38'x51') ☒ New ☐ Expansion ☐ Repair
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
 Type of Wastewater System** Pump To 25% Reduction - ULTRASHALLOW (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) Pump To 25% Red. - ULTRASHALLOW (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 3
 Pump Tank Size 1000 gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 12 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to $\pm 1/4$ " in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: Minimum of 6" OF COVER NEEDED OVER DRAINFIELD _____ 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: 5/3/12 6-8-12
 Construction Authorization Expiration Date: 5/3/12 6-8-17

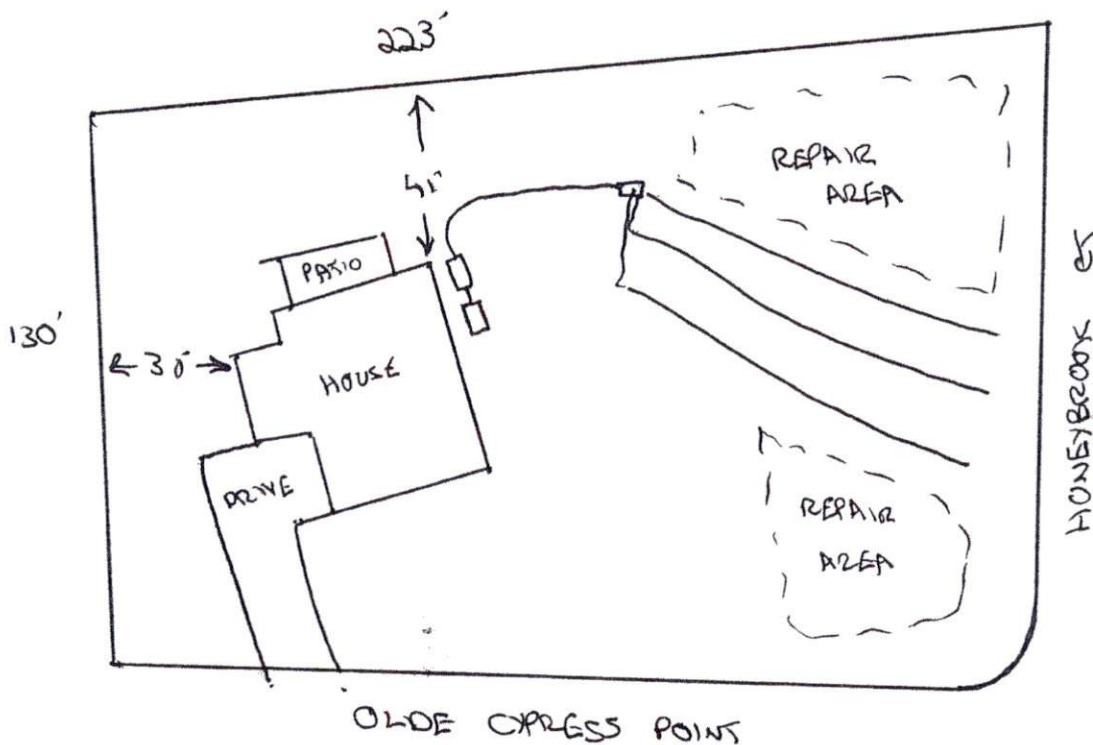
HTE# 12-5-2873982

Permit # 26994

Harnett County Department of Public Health Site Sketch

ISSUED TO: DR HORTON INC PROPERTY LOCATOR: CYPRESS CHURCH RD
SUBDIVISION CYPRESS POINTE LOT # 24

Authorized State Agent: [Signature] Date: 6/8/12



HTE# 12-5-28739R

Harnett County Department of Public Health

Improvement Permit

26994

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: DR HORTON INC PROPERTY LOCATION: CYPRESS CHURCH RD
NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION: CYPRESS POINTE LOT # 24
Type of Structure: SFD (38'x51') Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: Pump To 25% REDUCTION
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 100 feet Permit valid for: ☒ Five years
Permit conditions: _____ ☐ No expiration

Authorized State Agent: [Signature] Date: 5/3/12 SEE ATTACHED SITE SKETCH
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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: DR HORTON INC PROPERTY LOCATION: CYPRESS CHURCH RD
SUBDIVISION: CYPRESS POINTE LOT # 24
Facility Type: SFD (38'x51') ☒ New ☐ Expansion ☐ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
Type of Wastewater System** Pump To 25% REDUCTION - ULTRA SHALLOW (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable) Pump To 25% RED. - ULTRA SHALLOW (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
Pump Tank Size 1000 gallons

Number of trenches 3

Exact length of each trench 100 feet
Trenches shall be installed on contour at a

Maximum Trench Depth of: 12 inches
(Trench bottoms shall be level to $\pm 1/4"$ in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches
(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Conditions: MINIMUM OF 6" OF COVER NEEDED OVER DRAINFIELD Aggregate Depth: _____ inches below pipe
_____ inches above pipe
_____ inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
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**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: _____

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SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 5/3/12
Construction Authorization Expiration Date: 5/3/17

HTE# 12-5-287392

Permit # 26994

Harnett County Department of Public Health Site Sketch

ISSUED TO: DR Horton Inc PROPERTY LOCATOR: CYPRESS CHURCH RD
SUBDIVISION CYPRESS POINTE LOT # 24

Authorized State Agent: REAS (OLIVER TOLKSON) Date: 5/3/12

