

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: aplusseptic tank pumping@gmail.com

OWNER NAME Craig & Maureen Jones PHONE 919-218-6902

PHYSICAL ADDRESS 26 Larcine Ct, Angier NC 27501

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) Po Box 635, Willow Spring NC 27592

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

Northport Court 2
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: Down 210 Towards Angier, right on Larcine Ct
after Harnett Central High, First house on the right

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.

[Signature]
Owner Signature

6-27-25
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) 97

Installer of system _____

Septic Tank Pumper A+ Septic

Designer of System _____

1. Number of people who live in house? 2 # adults 0 # children 2 # 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? 2024 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?
Tank caved in by tree equipment
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 _____

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Craig Jones am the legal owner(s) of the property located at 16 Laraine Court, Angier NC 27501, identified as PIN (Parcel Identification Number) _____, located in XXXXX Harnett County, North Carolina.

I do hereby authorize (print legal representative/company name) Joseph Samuel, As Septic Tank Pumping, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Harnett County Department of Public Health, Environmental Health Division.

Craig Jones 4/25/25 Joseph Samuel 4/25/25
Signature of Owner(s) Date Signature of Witness Date

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No. 10166

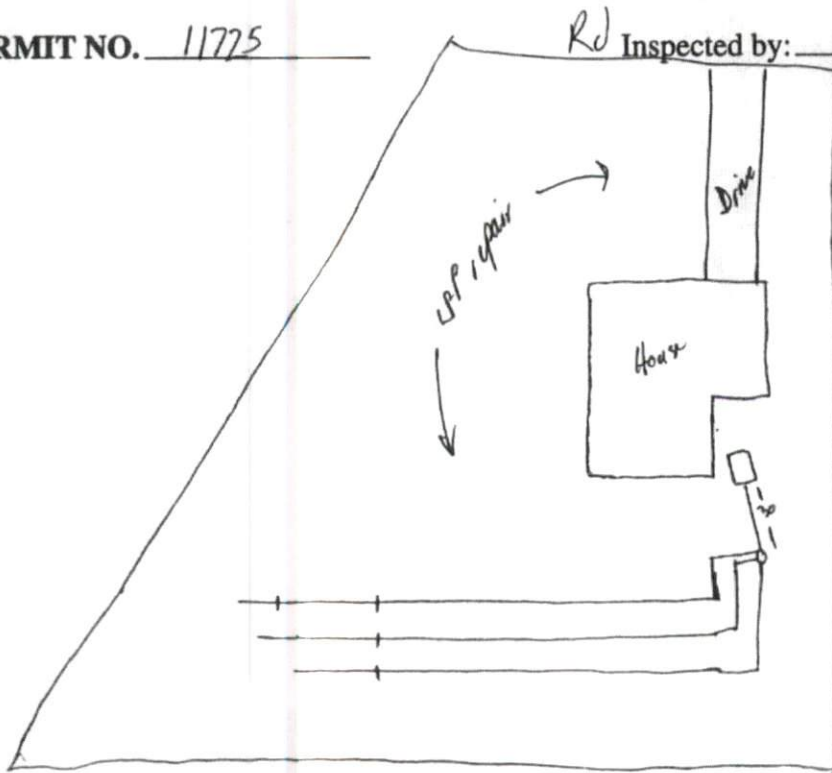
OPERATIONS PERMIT

Name: (owner) Mike Hamilton ☒ New Installation ☒ Septic Tank
Property Location: SR# 210 ☐ Repairs ☒ Nitrification Line
Subdivision Northport Court Lot # 2
TAX ID# _____ Quadrant # _____
Contractor: Ricky Holland Registration # _____
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: 50 ft.

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

Type of system: ☒ Conventional ☐ Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 133 ft. ditches 3 ft. ditches 18-24 in.
French Drain: _____ Linear feet

PERMIT NO. 11725 Date: 4-17-97
Inspected by: Thomas J. Boyer
Environmental Health Specialist



IMPROVEMENT PERMIT

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) Mike + J. Hamilton☒ New Installation☒ Septic TankProperty Location: SR# 1 210☐ Repairs☒ Nitrification LineSubdivision Northport east Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 0.5324Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 20' 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: _____ gallonsSubsurface Drainage Field No. of ditches 2 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18" in.

French Drain Required: _____ Linear feet

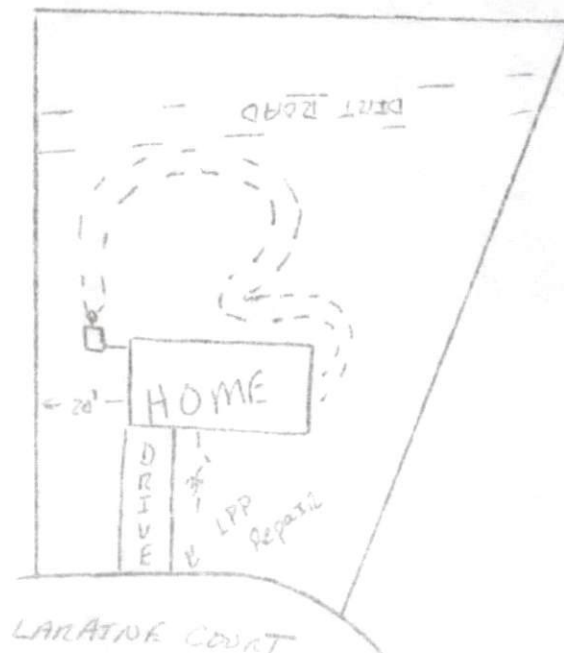
Date: 2-24-97

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

Signed: James C. Manhart
Environmental Health Specialist

VOID AFTER 5 YEARS

* Maintain all setbacks!
* Stepdown may be needed!



H HARRETT 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 # 11726. 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 Mike + Teresa Hamilton

Name: Mike + Teresa Hamilton Telephone # 639-8676

Address: 1604 Scott Johnson Lane Angier N.C. 27501

Property Location: SR # 210 Road Name 210

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☐

Subdivision North Post Lot # 3

Number of Bedrooms Proposed: 3 Lot size: .5735

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☐ Public ☒ Minimum Well Setback: ☐ ft.

Type of System: Conventional ☒ Other ☐

Tank Volume: Septic Tank 1000 gallons Pump Chamber ☐ gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 2 Length of lines 150

Width of ditches 3 ft. Depth of ditches 18-20 inches

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: James C. Mankin Date: 2-29-97

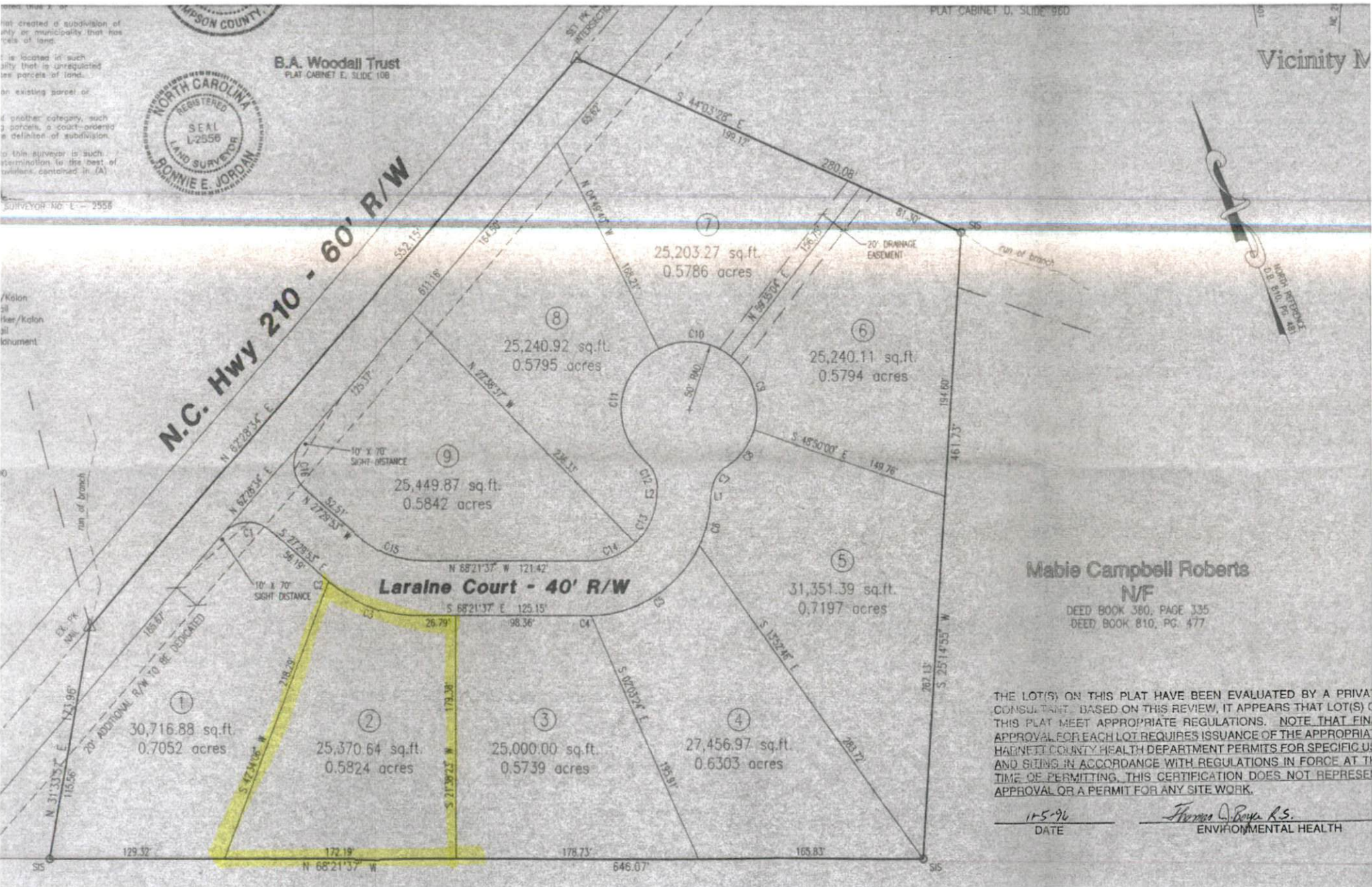
not created a subdivision of
city that is unregulated
an existing parcel or
a further category, such
a court-ordered
a definition of subdivision
to this surveyor is such
determination to the best of
surveyors contained in (A)

SURVEYOR NO. E - 2558

/Kalon
all
Kalon
all
Kalon

run of branch
run of branch

SIS



Mable Campbell Roberts
N/F
DEED BOOK 380, PAGE 335
DEED BOOK 810, PG. 477

THE LOT(S) ON THIS PLAT HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT. BASED ON THIS REVIEW, IT APPEARS THAT LOT(S) ON THIS PLAT MEET APPROPRIATE REGULATIONS. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE APPROPRIATE HARNETT COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL OR A PERMIT FOR ANY SITE WORK.

11-5-96
DATE
Thomas Q. Boyer, R.S.
ENVIRONMENTAL HEALTH



Harnett County GIS

PID: 040662 0105 12

PIN: 0662-44-0963.000

Account Number: 408177000

Owner: JONES CRAIG A & JONES MAUREEN C

Mailing Address: 26 LARAIN COURT ANGIER, NC 27501-0000

Physical Address: 26 LARAIN CT ANGIER, NC 27501 ac

Description: LT#2 .5824AC NORTHPORT CTPC#F/669-B

Surveyed/Deeded Acreage: 0.58

Calculated Acreage: 0.59

Deed Date:

Deed Book/Page: 1228 - 0892

Plat(Survey) Book/Page: -

Last Sale: 1997 - 9

Sale Price: \$105500

Qualified Code: X

Vacant or Improved: V

Transfer of Split:

Actual Year Built: 1997

Heated Area : 1285 SqFt

Building Count : 1

Building Value: \$134587

Parcel Outbuilding Value: \$620

Parcel Land Value: 42820

Market Value: \$178027

Deferred Value: \$0

Total Assessed Value: \$178027

Zoning: RA-30 - 0.59 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: Yes

Elementary School: Angier Elementary

Middle School: Harnett Central Middle

High School: Harnett Central High

Fire Department: Angier Black River

EMS Department: Medic 9

Law Enforcement: Harnett County Sheriff

Voter Precinct: Black River

County Commissioner : Duncan Edward Jagers

School Board Member: John Hair



9/30/97
09/30/97
HARNETT COUNTY NC
10
SDK
\$211.00
\$211.00
Real Estate
Excise Tax
9714178
Excise Tax \$ 211.00

FILED
BOOK ~~628~~ PAGE 892-893
'97 SEP 30 PM 3 10
GAYLE P. HOLDER
REGISTER OF DEEDS
HARNETT COUNTY, NC
Recording Time, Book and Page

Tax Lot No. _____ Parcel Identifier No. out of 04 0662 0105
Verified by _____ County on the _____ day of _____, 19____
by _____

Mail after recording to L. Holt Felmet, Attorney at Law, P O Box 1689, Lillington, NC 27546
This instrument was prepared by L. Holt Felmet

Brief Description for the index Lot 2, Northport Court Subdivision

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this September 29, 1997, by and between

| GRANTOR | GRANTEE |
|---|--|
| TAILORED HOMES, L.L.C. 8217 Kennebec Road Willow Spring, NC 27592 | CRAIG A. JONES and wife, MAUREEN C. JONES Route 4, Box 332-B Angier, NC 27501 |

Enter in appropriate block for each party: name, 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 or parcel of land situated in the City of W/A, Black River Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Lot 2 of Northport Court Subdivision, as shown on that Map recorded at Plat Cabinet F, Slide 669-B, Harnett County Registry, reference to which is hereby made for greater certainty of description.

But this conveyance is made subject to Protective Covenants recorded in Book 1192, Page 926, and Carolina Power & Light Company easements in Book 965, Page 574 and Book 317, Page 139 and Carolina Telephone easement in Book 344, Page 139, Harnett County Registry.

See Book 1158, Page 446, Harnett County Registry.

HARNETT COUNTY TAX ID #
out of
04-0662-0105
BY *du*

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1196, Pages 150-152.

A map showing the above described property is recorded in Plat Cabinet F, Slide 669-B.

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 officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

TAILORED HOMES, L.L.C.

By: David M. Marshall (SEAL)
David M. Marshall, Member and Manager

(Corporate Name)

By: _____ (SEAL)

President

ATTEST: _____ (SEAL)

Secretary (Corporate Seal) _____ (SEAL)

SEAL-STAMP



NORTH CAROLINA, Harnett County.

I, a Notary Public of the County and State aforesaid, certify that DAVID M. MARSHALL, Member and Manager of TAILORED HOMES, L.L.C. Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 29th day of September, 1997.

My commission expires: 11/11/2001

Gail L. McDonald
Notary Public

SEAL-STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that, personally came before me this day and acknowledged that he/she is _____ Secretary of, a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by him/her as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My commission expires:

Notary Public

The foregoing Certificate(s) of Gail L. McDonald, notary of Harnett Co.

is/are certified to be correct. This instrument and this certificate are duly registered at the date and in the Book and Page shown on the first page hereof.

GAYLE P. HOLDER, REGISTER OF DEEDS FOR HARNETT COUNTY

By Sharon D. Kelly Deputy/Assistant-Register of Deeds.

HARNETT COUNTY, N. C.

FILED DATE 9/30/97 TIME 3:10 P.M.

BOOK 1228 PAGE 892-893

REGISTER OF DEEDS
GAYLE P. HOLDER

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