

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: LMRiceHome@gmail.com

OWNER NAME Lorenzo Rice PHONE 843-231-9416

PHYSICAL ADDRESS 951 Senter Ln Bunnlevel NC 28323

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME ~~OWN~~

SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HWY	SIZE OF LOT/TRACT
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Type of Dwelling: ☒ Modular ☐ Mobile Home ☐ Stick built ☐ Other _____

Number of bedrooms 4 ☐ 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.

L Rice
Owner Signature

Aug 5th 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 [X] NO

Also, within the last 5 years have you completed an application for repair for this site? [] YES [X] NO

Year home was built (or year of septic tank installation) 2005

Installer of system N/A

Septic Tank Pumper E2 Flow

Designer of System N/A

1. Number of people who live in house? 4 # adults 1 # children # total

2. What is your average estimated daily water usage? 160 gallons/month or day county water. If HCPU please give the name the bill is listed in Lorenzo Rice

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

4. When was the septic tank last pumped? Jan How often do you have it pumped? 1st

5. If you have a dishwasher, how often do you use it? [] daily [] every other day [X] weekly

6. If you have a washing machine, how often do you use it? [] daily [] every other day [X] weekly [] monthly

7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?

8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO

9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [X] NO If yes please list

10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind?

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO

12. Have you installed any water fixtures since your system has been installed? [] YES [X] 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 [X] 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?

D box gets overfilled, water in septic leach field surfacing. When box sends water, it releases slowly at end of pipe.

17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [X] YES [] NO If Yes, please list Yard was Backyard

was wet, over grown grass when property was purchased. Been getting worst as months go by. Moved in Nov 2024.

NETT COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH SECTION

No 16001

OPERATIONS PERMIT

Attempt To
Repair

Name: (owner) Ramona ABDEL JALAL

☐ New Installation ☐ Septic Tank

Property Location: SR# Senter Lane

☒ Repairs

☒ Nitrification Line

Subdivision Senter Hill

Lot # 19

TAX ID# _____

Quadrant # _____

Contractor: D. C. Carter

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 EEE-222 Lay

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

Subsurface No. of exact length width of depth of
Drainage Field ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain: _____ Linear feet

Date: 5.6.03

PERMIT NO. 19947

Inspected by: J. W. H. S.
Environmental Health Specialist

150' of EEE-222 Lay WAS Replaced. It appears
That Beyond That point Line is in good shape.

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) Ramni BOUL JALAL☐ New Installation☐ Septic TankProperty Location: SR# Senter Lane☒ Repairs☒ Nitrification Line451 Senter Lane BunnlevelSubdivision Senter HillLot # 19

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3Lot Size: 2.6 ACBasement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public☐ CommunityDistance From Well: 55 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional☒ Other EEE-222 LAG

Size of tank: Septic Tank: _____ gallons

Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 02-21-03

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

Signed: J. W. ARS

Environmental Health Specialist

EEE-222-Lag main field has been damaged by underground utilities. Replace Damaged sections of EEE 222 LAG with the New. Must meet onsite Before installing.

**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 # 19947. 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.*

Name Ramni. Abdul Jalal Telephone# 910.394-8301
Address 451 Senter Lane Bunkel NC

Property Location SR# Senter Hill Lot # 19 # Bedrooms Proposed 3 Road Name 2.6 Ac
Subdivision Lot Size

TYPE OF SYSTEM

☐ New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines
☐ Conventional ☐ Other _____
☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☐ Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank _____ gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields _____ # of lines per field _____ Length of lines _____ Ft.

Width of ditches _____ ft. Depth of ditches _____ 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.

Signature of Authorized Agent for Harnett County of Harnett

Date

2.21.03

HARNETT COUNTY HEALTH DEPARTMENT
1 ENVIRONMENTAL HEALTH SECTION

No 10286

OPERATIONS PERMIT

Name: (owner) Homeetal/Land/Timber ^{Tony Price}
Property Location: SR# 1125
Subdivision Santa Hills Lot # 19
TAX ID# _____ Quadrant # _____
Contractor: D.C. Carter Registration # _____

Basement with Plumbing: ☐ Garage: ☐ Lines OK Tanks OK
Water Supply: ☐ Well ☒ Public ☐ Community Need to check Pump supply
Distance From Well: 55 ft. Line "D" Box ALARM & ALARM Box
Needs filter 3-14-01

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

Type of system: ☐ Conventional ☒ Other Pump to sewer line
Size of tank: Septic Tank: 2000 gallons Pump Tank: 1000 gallons
Subsurface No. of 1 exact length 240 width of 3 depth of 18
Drainage Field ditches of each ditch ft. ditches ft. ditches in.
French Drain: _____ Linear feet

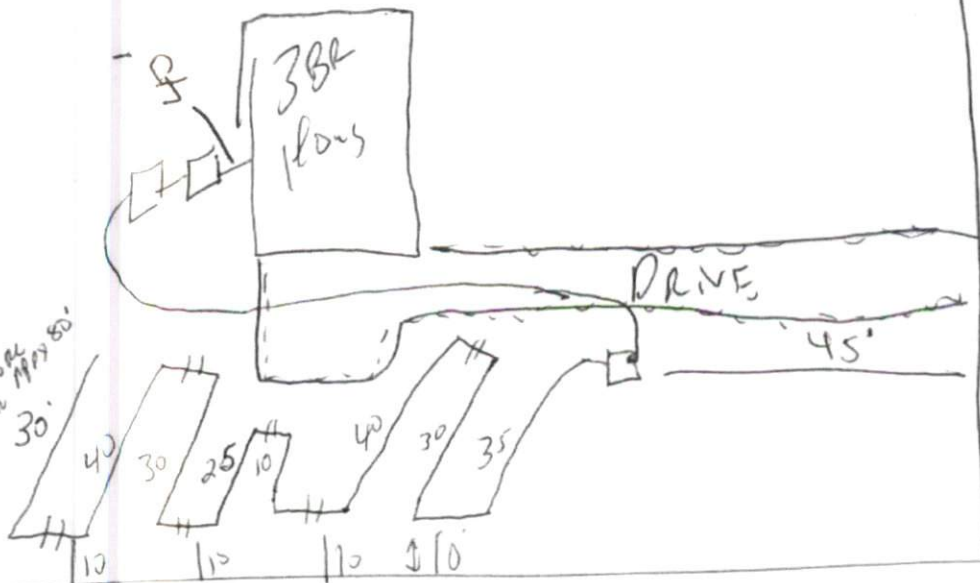
Date: 4-18-01

PERMIT NO. 18061

Inspected by: Jim WARR
Environmental Health Specialist

Repair
IS LPP
Between
Lines

From To
Add 2 more
Lines for repair 11-13-01



Replaces Permit # 11236 Issued 10-25-96

HARNETT COUNTY HEALTH DEPARTMENT

No 18061

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) Homestead Land & Timber Price

☒ New Installation

☒ Septic Tank

Property Location: SR# 1125

☐ Repairs

☒ Nitrification Line

Subdivision Senter Hills

Lot # 19

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (30x50)

Lot Size: 2.59 AC

Basement with Plumbing: ☐

Garage: ☐

Replace permit # 11236 Issued 10-25-96 - Because home was built over area designated on original

Water Supply: ☐ Well ☒ Public

☐ Community

Distance From Well: 55 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional

☒ Other

Pump to EEE-222 Lay

Size of tank: Septic Tank: 1000 gallons

Pump Tank: 1000 gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches

of each ditch

ft. ditches

ft. ditches

MAX

French Drain Required: _____ Linear feet

Date: 8-30-2000

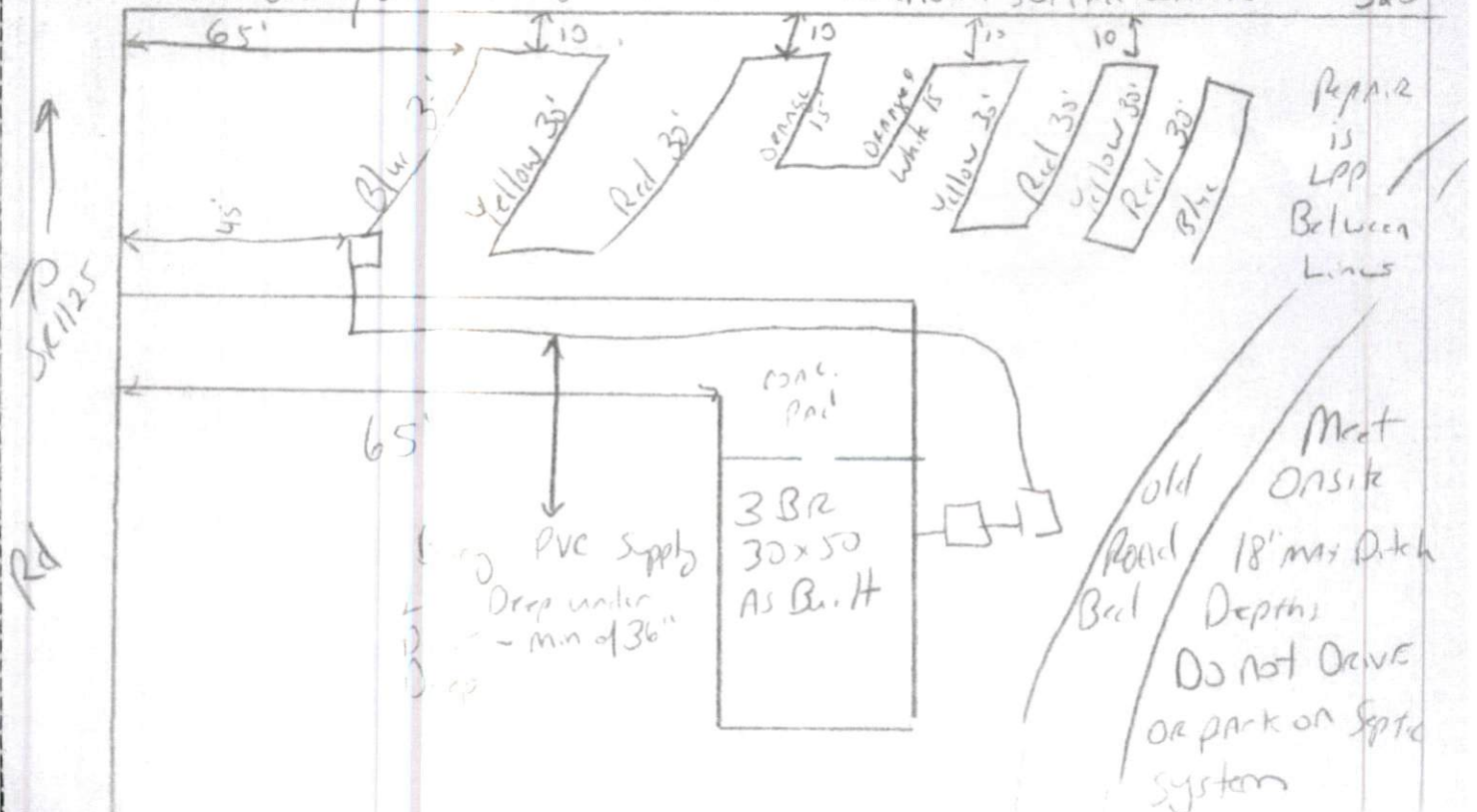
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]

Environmental Health Specialist

Place Beam/Ditch along Property Line to direct surface water

320



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 # 18061. 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 Homestead Land & Timber Tony Price
Name: Tony Price Telephone # 910-574-7100

Address: _____

Property Location: SR # 1125 Road Name 1

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision Senter Hills Lot # 19

Number of Bedrooms Proposed: 3 (30x50) Lot size: 2.59 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other ☒ EEE-222 Lay

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 240

Width of ditches 3 ft. Depth of ditches 18 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: [Signature] Date: 8-23-2000

Matthew S. Willis Register of Deeds

Harnett County, NC

Electronically Recorded

03/12/2025 11:47:22 AM

NC Rev Stamp: \$0.00

Book: 4275 Page: 1299 - 1300 (2) Fee: \$26.00

Instrument Number: 2025004179

HARNETT COUNTY TAX ID #
01053501 0100 18

03-12-2025 BY: MMC

Mail after recording to: The Hutton Law Firm, 100 Hay Street, 10th Floor, Fayetteville, NC 28301 This instrument was prepared by: The Hutton Law Firm, 100 Hay Street, 10th Floor Fayetteville, NC 28301

**CORRECTIVE AFFIDAVIT
WARRANTY DEED**

Giving notice of typographical or other minor error pursuant to NCGS 47-36.1

Title of Original Instrument: North Carolina Warranty Deed

Date of Recording: November 20, 2024

Recording Book and Page: 4261, Page 2058 Harnett County Registry.

Original Parties to Instrument:

Grantor(s): Annie Hawkins, an unmarried person

Grantee(s): Lorenzo Rice, single

Now comes the undersigned closing attorney and settlement agent, being first duly sworn and does say the following:

1. Through mutual mistake, inadvertence or mistake of the draftsmen the Instrument referenced above contained the following typographical or other minor error:

Grantee was incorrectly listed as single.

2. It was the intent of the parties to the Instrument that the erroneous information in the Instrument referenced above, as corrected, should read as follows:

Lorenzo Michael Christopher Rice, married

[NOTHING FOLLOWS. SIGNATURE PAGE ON THE FOLLOWING PAGE]

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



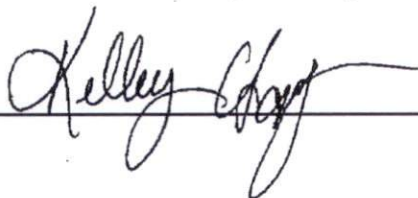
Signature of Affiant

Print Name: Larris Hutton, Esq, NC Bar 34006

State of North Carolina County of Cumberland

Sworn and subscribed before me this 12th day of March,
2025

Notary Public Signature



CERTIFICATION OF OWNERSHIP, DEDICATION AND JURISDICTION
 I (we) hereby certify that I (an (we are) the owner(s) or agent of the property shown and described 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, walks, 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:

7/3 1996 CH-0535-0100-91
 Date Tax Parcel ID #

Mickey R. Bennett (AGENT)

I hereby certify that this record plot complies with the subdivision regulations of Harnett County, NC, and that this plot has been approved for recording in the Register of Deeds in Harnett County.

8-21-96 Tom King
 Date Planning Director

SETBACK REQUIREMENTS

Minimum Front - 35'
 Minimum Back - 25'
 Minimum Sides - 10'
 Minimum Side Abutting Street - 15'

OWNER: Homestead Land & Timber Company
 6729 Fairview Road, Suite 8
 Charlotte, N.C. 28210

(704)-364-9963

NOTE: Iron Stake Set at all corners unless otherwise noted.

20' Drainage Easement 10' either side of existing stream.

NORTH CAROLINA, HARNETT COUNTY

I, Mickey R. Bennett, certify that this plot was drawn under my supervision from (an actual survey my supervision) (detailed description recorded in Book 1139, page 232, etc.) (other), that the ratio of precision as indicated by latitude and departures is 1/10,000, that the boundaries not surveyed are shown as broken lines plotted from information found in Book _____, page _____, that this plot was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 19th day of January, A.D. 1996.

Mickey R. Bennett
 L-1514
 Registration Number
 Mickey R. Bennett, hereby certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

NORTH CAROLINA, HARNETT COUNTY

I, a Notary Public of the County and State aforesaid, certify that Mickey R. Bennett, a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument whereto my hand and official stamp or seal, the 19th day of January, 1996.

Michelle A. Ennis
 Notary Public
 My Commission expires April 12, 1998

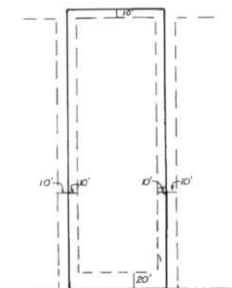
NORTH CAROLINA, HARNETT COUNTY

The foregoing certificate of Michelle A. Ennis, Notary Public, is certified to be correct. This instrument was prepared for registration recorded in Plot Book F, Slide 618-A, this 8/21/96 at 10:30 A.M.

Harvey P. Holder
 Register of Deeds

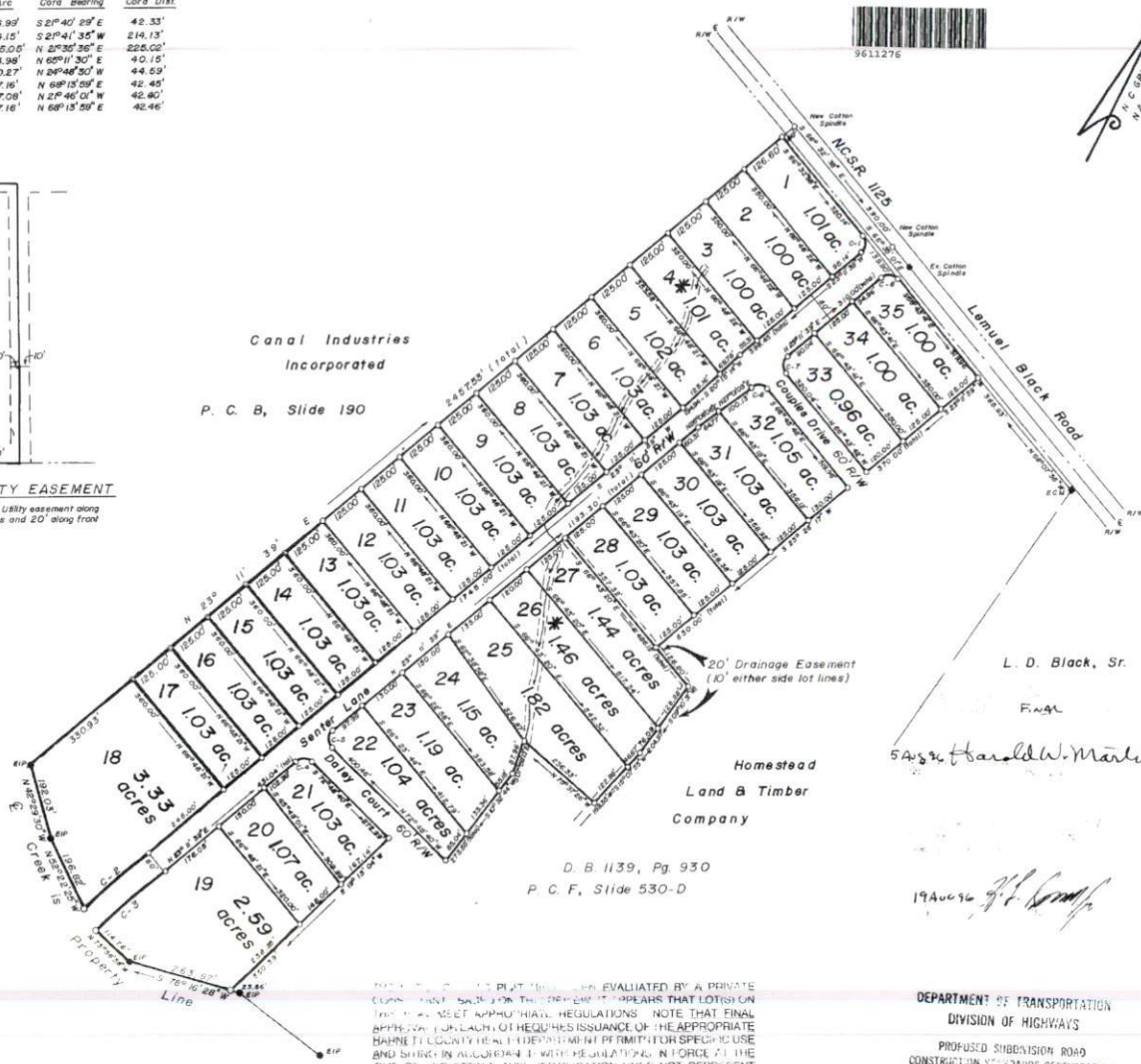
Judith K. Kintner
 Assistant Reg. of Deeds
 Recorded in Plot Cabinet F, Slide 618-A

Curve #	Radius	Arc	Card Bearing	Card Dist.
1	30.00'	46.99'	S 21° 40' 29" E	42.33'
2	4086.80'	214.15'	S 21° 41' 35" W	214.13'
3	4026.60'	225.05'	N 21° 30' 36" E	225.02'
4	30.00'	43.98'	N 60° 11' 30" E	40.15'
5	30.00'	50.27'	N 54° 48' 30" W	44.55'
6	30.00'	47.16'	N 68° 15' 09" E	42.45'
7	30.00'	47.08'	N 21° 46' 01" W	42.40'
8	30.00'	47.16'	N 68° 15' 09" E	42.46'



TYPICAL UTILITY EASEMENT

Note: Lots shall have a 10' utility easement along lot side & rear lot lines and 20' along front lot lines.



THIS SUBDIVISION PLAN HAS BEEN EVALUATED BY A PRIVATE CONSULTANT, BASED ON THE PRESENT FORESEEN THAT LOT LINES MAY BE SUBJECT TO APPLICABLE REGULATIONS. NOTE THAT FINAL APPROVAL OF THE PLAN OF THE SUBDIVISION OF THE APPROPRIATE HARNETT COUNTY LOCAL GOVERNMENT IS REQUIRED FOR SPECIFIC USE AND SHOWN IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL OR A PERMIT FOR ANY SITE WORK.

7-24-96
 DATE
Thomas J. Rye, Jr.
 ENVIRONMENTAL HEALTH

SENTER HILLS SUBDIVISION SECTION ONE

TOWNSHIP: ANDERSON CREEK COUNTY: HARNETT
 STATE: NORTH CAROLINA DATE: JANUARY 1996
 ZONE: NOT ZONED TAX PARCEL ID #: 01-0535-0100-91

BENNETT SURVEYS, INC.

Rt. 2, Box 134, Lillington, N.C. 27546 910-893-5252
 100' 0' 200' SURVEYED BY: R.V.B. FIELD BOOK 1995 # 28
 SCALE: 1" = 200' DRAWN BY: M.G.E. DRAWING NO.
 CHECKED & CLOSURE BY: M.R.B. 95.134

DEPARTMENT OF TRANSPORTATION
 DIVISION OF HIGHWAYS

PROPOSED SUBDIVISION ROAD
 CONSTRUCTION STANDSTILL CERTIFICATION

APPROVED *J. Man*
 DATE: 7/19/96