#### 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**

	EN	MAIL ADDRESS: Ma	bridgers Ogmail com
OWNER NAME Michael	Bridgers	PHONE 919-	802-8295
PHYSICAL ADDRESS 447 Vict	ioria Hills Dr. 5, Fuque	y Varina NC	27526
MAILING ADDRESS (IF DIFFFERENT T			
IF RENTING, LEASING, ETC., LIST PRO	PERTY OWNER NAME		
SUBDIVISION NAME  Victoria Hill II  Type of Dwelling: [] Modular	•	STATE RD/HWY	SIZE OF LOT/TRACT
	] Basement		
Garage: Yes ⋈ No []	Dishwasher: Yes [x] No [ ]		Garbage Disposal: Yes [] No 🎘
Water Supply: [] Private Well	[ ] Community System	[X] County	
Directions from Lillington to your sit	e: 401 horth, Lafay ette	Rd., Ale Victoria	HIW Dr. South
wells on the property by sho 2. The outlet end of the tank as uncovered, property lines fla us at 910-893-7547 to confin Your system must be repaired within letter. (Whichever is applicable.)	nap" and "deed to your property" mowing on your survey map.  nd the distribution box will need to be agged, underground utilities marked, rm that your site is ready for evaluating 30 days of issuance of the Improve	ust be attached to this e uncovered and prope and the orange sign ha ion. ment Permit or the tin	application. Please inform us of any erty lines flagged. After the tank is as been placed, you will need to call ne set within receipt of a violation
By signing below, I certify that all of the denial of the permit. The permit			

8/12/25

#### 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.

	ou received a violation letter for a failing system from our office? [ ] YES [X] NO vithin the last 5 years have you completed an application for repair for this site? [ ] YES [X] NO
ear ho	ome was built (or year of septic tank installation) 2002
	er of system
eptic '	Tank Pumper
esign	er of System
1	Number of people who live in house?# adults # children# total
2	What is your average estimated daily water usage?gallons/month or daycounty
۷.	water. If HCPU please give the name the bill is listed in Michael Bridgers
3.	If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly
4.	When was the septic tank last pumped? July 2014 How often do you have it pumped? 3 years
5.	If you have a dishwasher, how often do you use it? [X] daily [ ] every other day [ ] 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 [ 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 [4] 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 / O
15.	Are there any underground utilities on your lot? Please check all that apply:
	[X] Power [X] Phone [X] Cable [ ] Gas [X] Water
16.	Describe what is happening when you are having problems with your septic system, and when was this
	Ouring construction of deck-leach field too clare to pilings
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
	, a.i.a., a.i.a. i.a. a.

HARNETT COUNTY TAX ID# 08065301 0105 18

12-18-2018 BY SB

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2018 Dec 18 03:28 PM NC Rev Stamp: \$ 496.00
Book: 3662 Page: 264 - 265 Fee: \$ 26.00
Instrument Number: 2018017495

Submitted electronically by Senter, Stephenson, Johnson, PA in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

#### NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 496.00	
Parcel Identifier No. 0663-15-3575.000 Verified By:	by HARNETT County on the day of, 2018
Mail/Box to: Grantee This instrument was prepared by: Senter, Stephenson, JeBrief description for the Index: Lot 86, Victoria Hills	ohnson, P.A. [WITHOUT TAX ADVICE]
THIS DEED made this day of December, 2018, b	y and between
GRANTOR GRANTEE	
ROBERT F. CLIFFORD, JR. and wife, JACQUELINE A. CLIFFORD	MICHAEL A. BRIDGERS and spouse, KIMBERLY R. BRIDGERS
124 Florians Drive	447 Victoria Hills Drive S.
Holly Springs, NC 27540	Fuquay Varina, NC 27526
Enter in appropriate block for each Grantor and Grantee entity, e.g. corporation or partnership.	: name, mailing address, and, if appropriate, character of

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 Hectors Creek Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot No. 86 of Victoria Hills Subdivision, Phase 4, according to the plat thereof recorded in Map No. 2002-355, Harnett County Registry.

Property Address: 447 Victoria Hills Drive S., Fuquay Varina, NC 27526

The property herein above described was acquired by Grantor by instrument Book 2077, Page 523, Harnett County Registry.

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

A map showing the above described property is recorded in Map No. 2002-355, Harnett County Registry.

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, other than the following exceptions:

- 1. General service and utility easements, restrictions, and rights-of-way of record;
- 2. Restrictive Covenants recorded in Book 1615, Page 962; and
- 2. 2019 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 above written.

Robert F. Clifford, Jr

(SEAL)

Notary Public

(SEAL)

Jacqueline A. Clifford

State of North Carolina County of Wake

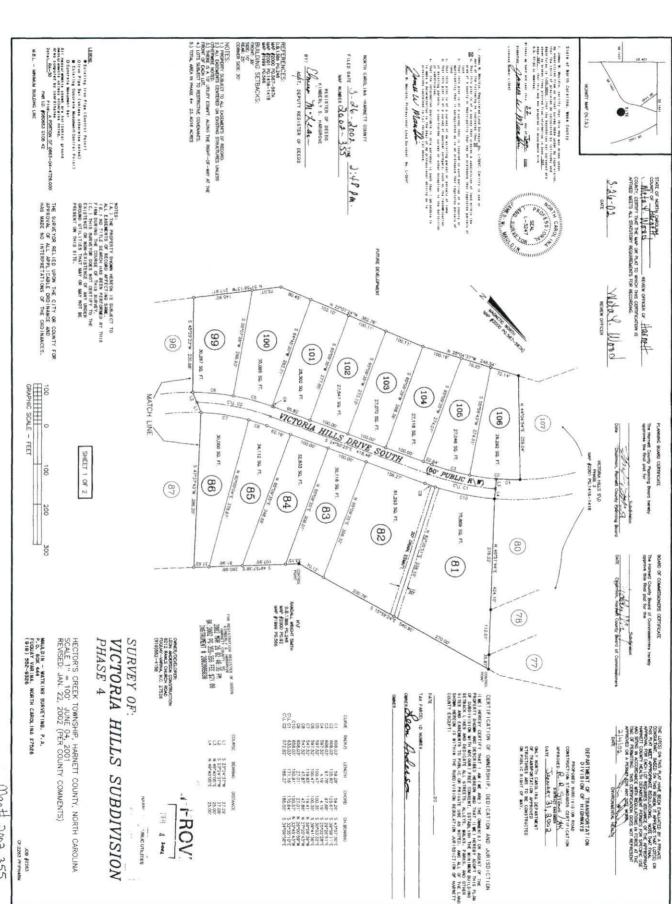
I certify that Robert F. Clifford, Jr. and Jacqueline A. Clifford each personally appeared before me this day and acknowledged the foregoing instrument for the purposes therein expressed.

Witness my hand and Notarial stamp or seal this

dur. of Documber 2018

M G

12/17/2019



Map# 200a-355



### KIMBERLY S. HARGROVE REGISTER OF DEEDS, HARNETT COURTHOUSE P.O. BOX 279 LILLINGTON, NC 27546

Filed For Registration:

03/26/2002 02:48:35 PM

Book:

PLAT 2002 Page: 355-356

Document No.:

2002005838

MAP 2 PGS \$21.00

Recorder:

**ELMIRA MCLEAN** 

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE, REGISTER OF DEEDS

Deputy/Assistant Register of Deeds

\*2002005838\*

#### H.....IETT COUNTY HEALTH DEPAR ENT ENVIRONMENTAL HEALTH SECTION

Nº 15460

## **OPERATIONS PERMIT**

	4			
Name: (owner) A. C.	L. Champion		New Installation	Septic Tank
			_ Repairs	
Su	ubdivision / L	rull. 11 SI	_ Lot # 56	_
TA	AX ID#		Quadrant #	
Contractor: Lay Ma	gu ne		Registration #	
Basement with Plumbin	ng:	Garage: [	3	
Water Supply:  W	/ell Public	Community	y	
Distance From Well:	54	ft.		
Following are the spec	cifications for th	e sewage disposal s	system on above caption	ed property.
Type of system:	onventional	Other		
Size of tank: Se	eptic Tank: $\sqrt{\infty}$	gallons	Pump Tank: ga	allons
Subsurface No Drainage Field di	o. of e	exact length of each ditch	width of diff. ditches 3 ft.	lepth of litches 21-18 in.
PERMIT NO. 1952		Date: _	red by: Environmental I	Health Specialist
			Shullow Lpp permi- Hussa	

03-5-5023

#### HARN COUNTY HEALTH DEPARTME

No 19524

## 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." New Installation Septic Tank HOLDWATE Name: (owner) SR# 1443 LAFAYETTERD ☐ Repairs Nitrification Line Property Location: VICTORIA Lot# Subdivision. Tax ID #. Quadrant # -30 000 ft2 Lot Size: Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Well N Public Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: M Conventional Other. Size of tank: Septic Tank: gallons Pump Tank: \_\_ gallons No. of Subsurface exact length width of depth of ft. ditches 3 Drainage Field of each ditch 400 ditches ft. ditches de 18 in. French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* MAINTAIN ALZ SETBACKS DRAW 116 MITS 23 BUN LINES ON CONTOUR 378 386 5.702 5-7-03 LYP REPAIR

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# HAI TT 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 # 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.					
ALCHAMPION 919-639-3000 Telephone #					
A L CHAMPION 919-639-3000 Telephone #					
28 COLBYLN ANGIER NC 2750)					
1442					
Property Location SR# Road Name					
Vicabela Hills IV 86 3 3000 FT  Subdivision Lot # # Bedrooms Proposed Lot size					
Subdivision Lot # Bedrooms Proposed Lot size					
TYPE OF SYSTEM					
New Installation [ ] Repair Septic Tank Nitrificiation Lines					
[   Conventional Other [ ]Basement [ ]With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well Public - Minimum Well Setback: \_\@Ft.  Septic Tank \_\@@Pump Chamber					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines Ft.					
Width of ditches $3$ ft. Depth of ditches $18-27$ 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  Date					