

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: \_\_\_\_\_

OWNER NAME Jason & Rebecca Farmer PHONE 919-710-1430

PHYSICAL ADDRESS 82 Lilly Court Angier NC 27501

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

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME Shelia Farmer

SUBDIVISION NAME \_\_\_\_\_ LOT #/TRACT # \_\_\_\_\_ STATE RD/HWY \_\_\_\_\_ SIZE OF LOT/TRACT \_\_\_\_\_

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: Left down 210, right @ old coats,  
left @ old buies creek, right @ chesterfield lake, right  
onto Lilly Court. House at end of cul-de-sac.

**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

Date

11/12/2025

## 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) \_\_\_\_\_

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

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

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

1. Number of people who live in house? 2 # adults 5 # children 7 # 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? 6/2025 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?

trees were removed and the people drove over our septic and crushed it Oct 2025

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 \_\_\_\_\_



For Registration Matthew S. Willis  
 Register of Deeds  
 Harnett County, NC  
 Electronically Recorded  
 2021 Oct 26 11:58 AM NC Rev Stamp: \$ 0.00  
 Book: 4065 Page: 712 - 713 Fee: \$ 26.00  
 Instrument Number: 2021025200

HARNETT COUNTY TAX ID #  
 110671 0054 05

10-26-2021 BY: ED

### NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 0

Parcel Identifier No. 0671-98-3868.000 Verified by \_\_\_\_\_ County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By: \_\_\_\_\_

Mail/Box to: Jason M. Blackburn, Jason M. Blackburn, Attorney at Law, PLLC, 112 S. John Street, Goldsboro, NC 27530

This instrument was prepared by: Jason M. Blackburn, Attorney at Law, PLLC, 112 S. John Street, Goldsboro, NC 27530

Brief description for the Index: LOT 5, Lilly Haven, Phase 1

THIS DEED made this 26<sup>th</sup> day of October, 2021, by and between

#### GRANTOR

Sheila B. Farmer and husband, Donald Farmer  
 Jason N. Farmer and wife, Rebecca Farmer  
 82 Lilly Ct  
 Angier, NC 27501

#### GRANTEE

Sheila B. Farmer  
 82 Lilly Ct  
 Angier, NC 27501

Enter in appropriate block for each Grantor and Grantee: name, mailing 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, parcel of land or condominium unit situated in the City of \_\_\_\_\_, \_\_\_\_\_ Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot No. 5, containing 0.575 acres, more or less, according to that final plat drawn by Stancil & Associates, Thomas Lester Stancil, RLS entitled "LILLY HAVEN SUBDIVISION, PHASE ONE" dated June 11, 1996 and recorded in Plat Cabinet F, Slide 805-D of the Harnett County Registry, said plat being incorporated herein by reference as if fully set forth

The property hereinabove described was acquired by Grantor by instrument recorded in Book \_\_\_\_\_ page \_\_\_\_\_.  
 All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book \_\_\_\_\_ page \_\_\_\_\_.

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:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

\_\_\_\_\_  
(Entity Name) Sheila B. Farmer (SEAL)  
Print/Type Name: Sheila B. Farmer

By: \_\_\_\_\_  
Print/Type Name & Title: \_\_\_\_\_ Donald N. Farmer (SEAL)  
Print/Type Name: Donald Farmer

By: \_\_\_\_\_  
Print/Type Name & Title: \_\_\_\_\_ Jason N. Farmer (SEAL)  
Print/Type Name: Jason N. Farmer

By: \_\_\_\_\_  
Print/Type Name & Title: \_\_\_\_\_ Rebecca Farmer (SEAL)  
Print/Type Name: Rebecca Farmer

State of North Carolina - County or City of Wayne  
I, the undersigned Notary Public of the County or City of Wayne and State aforesaid, certify that Sheila B. Farmer and husband, Donald Farmer personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 26<sup>th</sup> day of October, 2021.

My Commission Expires: 3/1/2026  
(Affix Seal) Jonas Taylor Notary Public  
Notary's Printed or Typed Name

State of North Carolina - County or City of Wayne  
I, the undersigned Notary Public of the County or City of Wayne and State aforesaid, certify that Jason N. Farmer and wife, Rebecca Farmer personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 26<sup>th</sup> day of October, 2021.

My Commission Expires: 3/1/2026  
(Affix Seal) Jonas Taylor Notary Public  
Notary's Printed or Typed Name

State of \_\_\_\_\_ - County or City of \_\_\_\_\_  
I, the undersigned Notary Public of the County or City of \_\_\_\_\_ and State aforesaid, certify that \_\_\_\_\_ personally came before me this day and acknowledged that \_\_\_\_\_ he is the \_\_\_\_\_ of \_\_\_\_\_, a North Carolina or \_\_\_\_\_ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, \_\_\_\_\_ he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
(Affix Seal) \_\_\_\_\_ Notary Public  
Notary's Printed or Typed Name





**LEGEND**

- Lines Surveyed
- Lines Not Surveyed
- ESP/CM --- Existing from Page or Side
- Central Corner
- ECM --- Existing Concrete Monument
- RM --- True Side set
- PKN --- P.K. Nail
- DMO --- Double Meridian Distance
- R/W --- Right of Way
- DB --- Dead Book
- CM --- Concrete Monument
- ELS --- Existing Lightwood Stake

NORTH CAROLINA  
HARNETT COUNTY

I, Thomas Lester Stancil, certify that this plat was drawn under my supervision from an actual survey made under my supervision (based description recorded in Book 586, page 182, (see) (other), that the ratio of precision as calculated by latitude and departure is 17.16,000 that the boundaries not surveyed are shown as broken lines plotted from information found in Book 586, page 182 that this plat was prepared in accordance with G. S. 47-30 as amended. Witness my original signature, registration number and seal this 10th day of June, A.D. 1997.



NORTH CAROLINA  
JOHNSON COUNTY

I, a Notary Public of the County and State aforesaid, certify that Thomas Lester Stancil is a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 10th day of June, 1997.



HARNETT COUNTY, N.C.  
FILED DATE 11/18/97 TIME 10:35 AM  
PLAT C/L F SLIDE 805-D  
REGISTER OF DEEDS  
NAT'L P. HOLDER  
By Trudi C. Smith  
Deputy Register Of Deeds

Recorded in Harnett County Plat Cabinet F Slide 805-D

State of North Carolina  
County of Harnett  
I, Jennifer S. Harnap, Review Officer of Harnett County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.  
Jennifer S. Harnap 11-18-97  
Review Officer Date

I hereby certify that this record plat complies with the Subdivision Regulations of Harnett County, N.C. and that this plat has been approved for recording in the Register of Deeds in Harnett County.

16 Nov 97 Tom King  
Date Planning Director

Setback Requirements: Minimum Front - 35'  
Minimum Back - 25'  
Minimum Sides - 10'

THE LOT(S) ON THIS PLAN HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT. BASED ON THIS REVIEW, IT APPEARS THAT LOT(S) ON THIS PLAN 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.

10-24-97 Thomas J. Boye, R.S.  
DATE ENVIRONMENTAL HEALTH



CERTIFICATION OF OWNERSHIP, DEDICATION AND JURISDICTION.  
I (We) hereby certify that I (we/we/like owner(s)) as agent of the property shown and described herein and that I (we) hereby adopt this plan of subdivision with my(our) free consent, certifies the minimum building setback lines, and dedicate all streets, alleys, rights-of-way, and other sites and easements to public or private use as noted, and all of the land shown herein is within the subdivision regulation jurisdiction of Harnett County except:

10-14-97 11-0871-0054  
Date Tax Parcel ID#  
Gene B. Weaver  
Owner or Agent

DEPARTMENT OF TRANSPORTATION  
DIVISION OF HIGHWAYS  
PROPOSED SUBDIVISION ROAD  
CONSTRUCTION STANDARD CERTIFICATION

APPROVED: P.W. Storer  
District Engineer

Date: 10/23/17

NOTE: Only NCOT Approved Structures Are To Be Constructed On Public Right-Of-Way.

A 15' Construction Easement is reserved outside of all proposed road right-of-ways until roads are accepted by N.C.D.O.T.

NOTE:  
P.K. nails set in C/L of road unless otherwise indicated.



NOTE:  
Iron Stakes Set at all corners unless otherwise indicated.

PLANNING BOARD CERTIFICATE  
The Harnett County Planning Board hereby approves this final plat.

4 Nov 97 Harold W. Martin  
Chairman

BOARD OF COMMISSIONERS CERTIFICATE  
The Harnett County Board of Commissioners hereby approves this final plat.

17 Nov 97 Sam B. Rife  
Chairman

Lilly Haven Subdivision  
Phase One - Lots 1-8

Reference: Map Book 18, Page 40  
Deed Book 586, Page 74

PIN 0671-89-2461

REVISIONS	PROPERTY OF:	STANCIL & ASSOCIATES, Registered Land Surveyor, P.A.
10-10-1997 Additional Certifications	Gene B. Weaver and Hilda M. Weaver Route 2, Box 270 Angier, N.C. 27501 639-4808	P. O. Box 730, Angier, N.C. 27501 970-639-2153
TOWNSHIP: Neill's Creek	COUNTY: Harnett	DATE: 6-11-96 SURVEYED BY: P.N. FIELD BOOK 1996 31-J
STATE: NORTH CAROLINA		SCALE: 1" = 100' DRAWN BY: R.E.G. DRAWING NO.
ZONE: RA-30 TAX MAP: 11-0871-0054		CHECKED & CLOSURE BY: VNS L-H-NC-879 B

P# F Slide 805-D

NETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

No 12441

# OPERATIONS PERMIT

Name: (owner) Gene B Weaver ☒ New Installation ☒ Septic Tank  
Property Location: SR# 1537 Chestnutfield Lake ☐ Repairs ☒ Nitrification Line  
Subdivision Lilly Haven Lot # 5  
TAX ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Contractor: OTTIS STRICKLAND 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

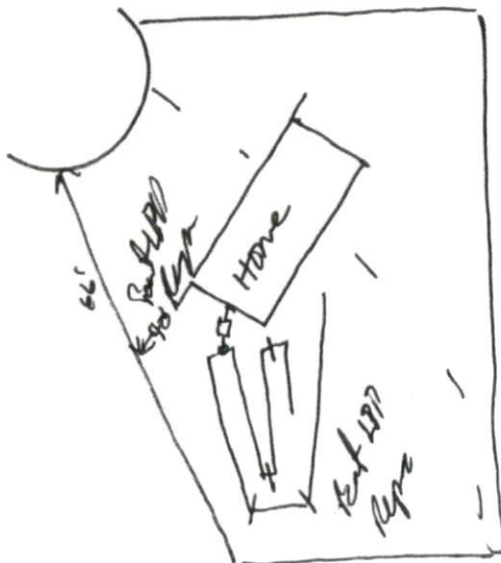
Subsurface No. of exact length width of depth of  
Drainage Field ditches 2 of each ditch 150 ft. ditches 3 ft. ditches 18 in.

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

Date: 11-3-99

PERMIT NO. 13510

Inspected by: James E. Martin  
Environmental Health Specialist





## HARNETT COUNTY HEALTH DEPARTMENT

13510

## 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) Glenn B Weaver☒ New Installation☒ Septic TankProperty Location: SR# 1537 Clarksville Lake☐ Repairs☒ Nitrification LineSubdivision Lilly HavenLot # 5

Tax ID # \_\_\_\_\_

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3Lot Size: 0.575Basement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50' 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: \_\_\_\_\_ gallons

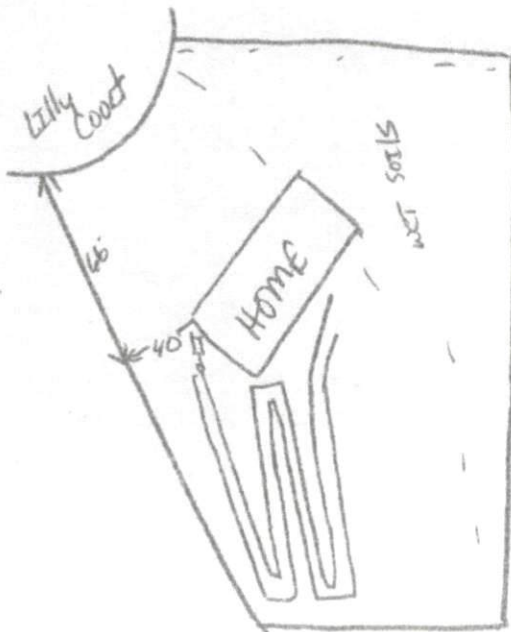
Subsurface No. of exact length width of depth of  
Drainage Field ditches 2 of each ditch 150 ft. ditches 3 ft. ditches 18 in.French Drain Required: — Linear feet

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

Date: 5-20-99Signed: James E. Markert D.H.S.

Environmental Health Specialist

\* Maintain all setbacks!



# AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13510. 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 \_\_\_\_\_

Name: Bene B WEAVER Telephone # 639-4808

Address: LOT 2 BOX 270 Anglen P.C. 27501

Property Location: SR # 1537 Road Name Chesdenfield Lake

New Installation ☐ Repair ☒ Septic Tank ☐ Nitrification Lines ☒

Subdivision Lilly Hane Lot # 5

Number of Bedrooms Proposed: 3 Lot size: 575

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☒ Public ☐ Minimum Well Setback: 50 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 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 E. McLeod Date: 5-20-89