

APPLICATION FOR REPAIR

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T	Amps BECK		919-499-3549 PHONE#(home)	519-708-4579
NAME			PHONE # (home)	PHONE # (work)
29	35 PONDEROSA	R>		
ADDR	ESS		MAILING ADDRI	ESS IF DIFFERS
CAN	seen NC 283	26		
IF REN	TING, LEASING ETC., LIS	T PROPERTY OWNER NA	ME	
SUBDI	VISION NAME	LOT# STATE ROA	D NAME AND # SIZE OF I	LOT OR TRACT
Tymo of	dwelling [Modular [Mahi	le Home 🛘 Stick Built 🗀 Otho		
Numbe	r of bedrooms 01 0 2 2 3 0 4	□or more - Basement with	plumbing Yes No	
Carana	OVer ONe Dichwecker We	es □No - Garbage Disposal □	Van Die	
100,000				
Water	Supply: 🗆 Private Well . 🗆 Co	ommunity System & County		
Diverti	our Grow T illimator to ware a	4		
Directi	ons from Lillington to your si	ite: NC L7 wast From	LILLINGTON, PURN	RIGHT ONTO
24/1/20	NVILLE SCHOOL RD. 10	ORN MIGHT ONTO	PONDFROSA RP. GO	APPER 1/2 MILFE
on L	FUT AT INTRUBER	PON OF BRAT DR	+ PONDEROSA RD.	
In orde	r for Environment Health to b	eln non with none renais non	will need to comply by doing the	· fallowing.
THE DIEGO	jor distribution it it is	cip you wan your reputt you	wat need to comply by doing the	gouowing:
1.	A surveyed and recorded man	and deed to your property mu	ist be attached to this application	along with a site plan
	showing (a) location of dwell	ing (b) location of driveway (c) location of any wells and other	existing structures.
2.	The outlet end of the tank and	d distribution box will need to	be uncovered and property lines	marked. After the tank is
	uncovered, property lines are	marked and orange sign has b	een placed, you will need to call	us at 893-7547 or 893-
	7548 to let us know that it is	ready.		
3.	The system must be repaired	within 30 days or the set time	within receipt of a violation lette	т.
This are	tifica that all afthe above info			
of the p	ermit. The permit is subject to	revocation if the site plan inte	f my knowledge. False informat nded use, or ownership change.	on will result in the denial
			and and of the original originals.	

Signature



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.

Installer of system Ann SHARP K
Septic Tank Pumper WAT NE SHARPE
Designer of System
1. Number of people who live in house? How may adults How many children
2. What is your average estimated daily water usage? gallons
3. If you have a garbage disposal, how often do you use it?
4. When was the septic tank last pumped? 1999 How often do you have it pumped? 3 yr.
5. If you have a dishwasher, how often do you use it? 3 x wk
6. Do you have a washing machine? How often do you use it?/ X DAY
7. Do you have a water softener or treatment system? Yes Wo Where does it drain?
8. Do you use an "in tank" toilet bowl sanitizer? Yes No
9. Are you or any family member using long term prescription drug(s), antibiotics or chemotherapy? Yes If yes, please list
10.Do you put household cleaning chemical down the drain? The I so, what kind? The TOLET BONC
11. Have you put any chemicals (paints, thinners, etc.) down the drain? Yes No If yes, what kind?
12. Have you installed any water fixtures since your system has been installed? Yes No If yes, please list any additions including any spas, whirlpools, 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 your initial move, such as roof, gutter drains, basement foundation drains, landscaping, etc.? □Yes □No If yes, please list
15. Are there any underground utilities on your lot? □Yes □No Please check which type: □Power□Phone □Cable □Gas □Water
16. Describe what is happening when you have problems with your septic system and when it was first noticed. Shure APPARENC ON GROUND AT SUP OF LEGISTICS
on 1 Link
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, household guest)? Yes. No If yes, please list

HARN COUNTY HEALTH DEPARTMEN

Certificate of Completion

No

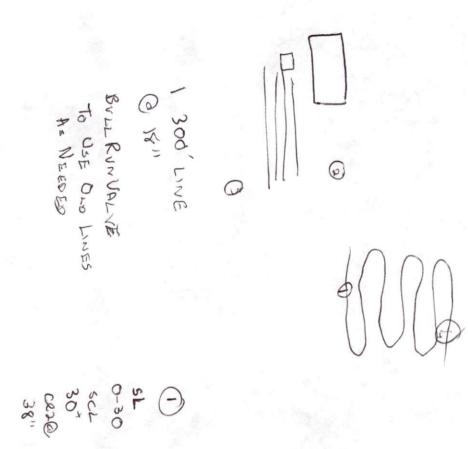
0099

CJAM	nes beck	las co	+ + +	
Owner Walt	MUST BE FILLED IN	Address	(MAILING ADDRESS)	M. The
Contractor	J. Sharpe	Address	Sas Sas	
Location of Premises			(MAILING ADDRESS)	
40	(SUBDIVISION, ST	REET OR ROAD NAME OR NUM	IBER, LOT NO.)	
The state of the s	Deta	ils of Septic Tank Syste	em / Y	and the second of
	Concrete 🗆 🗀 (Other.		
Size of Tank: Car	pacity 1300 Gallons	The state of the s		
Subsurface No. of Drainage Field Ditches	Exact Length of each Ditch	Width of Ft. Ditches	100 Depth of 3	6 Inches
Square Feet in Absorpti	on Field 1200		Surface Drainag Required	ge Linear Ft.
		Inspected by	TV	
Permit No	1861	Date	5.22.84	
		Ammontant	The state of the s	
	Y. 4			
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			The state of the s	
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	No.		and the second second	MORE THE STATE OF
	A POST NORTH AND A STATE OF	1901	The state of the s	
			PROBLEM TO THE RESIDENCE OF THE	
Sanitaria	n. Inis inspection	consists of a perc	coracion rest and/or sorr	cvaraacroif.

This certifies that all above information is correct to the best of my knowledge and any false information will result in the denial of permit. Once permit is issued, the permit is good for a period of 36 months.

Signature Carolin L. Register

Mail to: Harnett County Health Dept. P.O. Box 36 Lillington, NC 27546



No	Stamps	
110	ocumps	The same of the sa

County Registry.

BOOK 97 AGE 138-/39

'92 JUL 6 PM 4 50

GAYLE P. HOLDER REGISTER OF DEEDS HARNETT COUNTY, NC

Excise Tax	Recording Time, Book and Page	
.verified by	Parcel Identifier No. Parcel Identifier No. OFFICE OF HARNETT COUNTY County on the day of TAX SUPERVISOR , 19 ON 9 09 9567 - 0024	
Mail after recording to James B. Beck, Rout	e 2, Box 263 AC, Cameron, N. C. 28320	
This instrument was prepared by W. W. Seymour Brief description for the Index	, Jr., P. O. Box 3516, Sanford, N. C. 27331-3516	
	GENERAL WARRANTY DEED	
THIS DEED made this 1.St day of	June , 19. 92, by and between	
GRANTOR	GRANTEE	
Doris L. Miller, Unmarried	James B. Beck and wife,	
602 N. Boston Avenue Deland, Florida 23724	Route 2, Box 263 AC Cameron, N. C. 28326	
	and, if appropriate, character of entity, e.q. corporation or partnership.	
shall include singular, plural, masculine, feminine	rein shall include said parties, their heirs, successors, and assigns, and or neuter as required by context.	
WITNESSETH, that the Grantor, for a valuable	consideration paid by the Grantee, the receipt of which is hereby ant, bargain, sell and convey unto the Grantee in fee simple, all that	
certain lot or parcel of land situated in the City of	, Johnsonville Township,	
Harnett County, North Carolina	a and more particularly described as follows:	
Also being the southeast corner of the Harnett County Registry and running the degrees 38 minutes 40 seconds West 423. Road; thence North 11 degrees 12 minute thence South 78 degrees 49 minutes 48 sthe wester right of way of NCSR 1201; 11 degrees 12 minutes 04 seconds West 20 minutes 12 minutes 04 seconds West 20 minutes 15 minutes 16 minutes 17 minutes 18 minutes 18 minutes 18 minutes 19 minu	rn right of way of NCSR #1201, said beginning d and the western right of way of NCSR #1201, property described in Book 727, Page 417, ence as the centerline of Bret Road North 78.10 feet to a point in the center line of Bret es 04 seconds East 230.39 feet to a stake; seconds East 423.10 feet to an iron pipe in thence as the western line of NCSR #1201 South 230.39 feet to the point of BEGINNING, and rty described in Book 727, Page 417, Harnett	

The property hereinabout	ve described was acquired by Gra	intor by instrument recorded in	
		in Plat Book F. page	
TO HAVE AND TO HO the Grantee in fee simp	LD the aforesaid lot or parcel of le.	f land and all privileges and appurtenances t	hereto belonging to
the same in fee simple, defend the title against	that title is marketable and free	ator is seized of the premises in fee simple, has and clear of all encumbrances, and that Grant chomsoever except for the exceptions hereinaft to the following exceptions:	or will warrant and
		HARNETT COUNTY, N. C.	M.GAZ.
		FILED DATE 7-6-92 TIME 4	/39
		REGISTER OF DEEDS	
		GAYLE P. HOLDER	
IN WITNESS WHEREOI corporate name by its duly a above written.	f, the Grantor has hereunto set his uthorized officers and its seal to be he	hand and seal, or if corporate, has caused this instrum reunto affixed by authority of its Board of Directors,	the day and year first
(0	Corporate Name)	Doris L. Miller	(SEAL)
Ву:	The special section of the section o		
	President	BLACK INK	(SEAL)
ATTEST:	1 resident	CK	
		3.T.A	(SEAL)
	Secretary (Corporate Seal)	35	
Annum Marie	51	, 5	(SEAL)
SHALETYMP.	ANAXXXXXXXXXXXX	elusia County.	
	I, a Notary Public of the County	and State aforesaid, certify that	
NOTARY	5 Doris L. Miller		Grantor,
		s day and acknowledged the execution of the foregoing	instrument. Witness my
PUBLICE	hand and official stamp or seal, thi	s 16 day of June	, 19 92
	My commission expires:	bolic, State of Plorido Malento	Theoper
	My commission expires: My Commission expires:	len Even Ang. 4, 1995	Notary Public
SEAL-STAMP	NORTH CAROLINA,		
	I, a Notary Public of the County	and State aforesaid, certify that	,
	personally came before me this da	y and acknowledged that he is	Secretary of
	¥	a North Carolina corporation, and	
		ration, the foregoing instrument was signed in its name seal and attested by as its	
		p or seal, thisday of	
			,
	My commission expires:		Notary Public

01

The foregoing Certificate(s) of