

Complaint # _____

SANITATION COMPLAINT

Date 1-7-19 Phone# (910) (919) 360-340-0121

Name of Complainant Eric Gillespie [] ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage in backyard

Directions to site of Complaint Off of Rauls Club Rd

Owner of property site Christopher + Heather Kennedy

Address and/or phone # 258 Curragh Cove Fuquay

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

[Print this page](#)
**Property Description:**

LT#15 MAGNOLIA CREST 0.58MAP#2007-39

Harnett County GIS

PID: 080655 0067 16

PIN: 0655-53-8683.000

REID: 0066841

Subdivision:

Taxable Acreage: 1.000 LT ac

Calculated Acreage: 0.58 ac

Account Number: 1500016052

Owners: KENNEDY CHRISTOPHER H & KENNEDY HEATHER H

Owner Address : 258 CURRAGH COVE FUQUAY VARINA, NC 27526

Property Address: 258 CURRAGH CV FUQUAY VARINA, NC 27526

City, State, Zip: FUQUAY VARINA, NC, 27526

Building Count: 1

Township Code: 08

Fire Code:

Parcel Building Value: \$266160

Parcel Outbuilding Value : \$1500

Parcel Land Value : \$50000

Parcel Special Land Value : \$0

Total Value : \$317660

Parcel Deferred Value : \$0

Total Assessed Value : \$317660

Neighborhood: 00836

Actual Year Built: 2015

Total Actual Area Heated: 2846.06 Sq/Ft

Sale Month and Year: 6 / 2015

Sale Price: \$307500

Deed Book & Page: 3314-0910

Deed Date: 1434412800000

Plat Book & Page: 2007-0039

Instrument Type: WD

Vacant or Improved:

Qualified Code: Q

Transfer or Split: T

Prior Building Value: \$292370

Prior Outbuilding Value : \$1500

Prior Land Value : \$50000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$343870



HTE# 15-5-35266

Harnett County Department of Public Health

23583

PERMIT # 28214

Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION 321447 Ranks Club RdName: (owner) Angel Structures IncSUBDIVISION Magnolia CrestLOT # 15System Installer: Jay Adcock

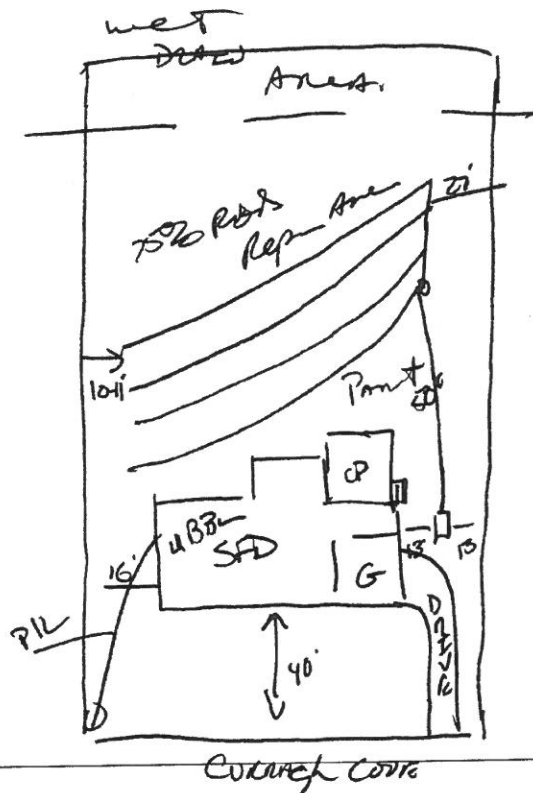
Registration # _____

Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 4Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: 75% REDUCTION system Type III E244 Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes ☐ No ☐

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

☐ D-Box ☐ Pump ☐ Alarm ☐ H2O Line ☐ PWR Line

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

Type of system: ☐ Conventional ☒ Other 75% REDUCTION systemSeptic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length
Drainage Field ditches 4 of each ditch 80 feetwidth of depth of
ditches 3 feet ditches 24-218 inches

French Drain Required: _____ Linear feet

Authorized State Agent

James E. M... ..

Date

5-8-15