Complaint # (ech 1909-000)

SANITATION COMPLAINT

Date	**************************************
Name of Complainant Mussa B	SHOO [] ANONYMOUS
[] Sewer [] Solid Waste [] Other	
Nature of Complaint I 1990 Sys	tem For Sho
in back.	
Directions to site of Complaint	
Owner of property site Man McLor	pto
Address and/or phone # 1057 (m)	Tura Pd Lillingto
nspection Information	
PROBLEM(S) FOUNDPERFORM	MED BY
DATE COMMENTS	

Print this page



Property Description:

LT#8 1.1 ACS WALKERS CR EST. PC#1/55

Harnett County GIS

PID: 130621 0006 05 PIN: 0529-41-2915 000 REID: 0032287

Subdivision:

Taxable Acreage: 1.100 AC ac Caclulated Acreage: 1.15 ac Account Number: 1400040466 Owners: MCWHORTER MEGAN

Owner Address: 1697 TIM CURRIN ROASD LILLINGTON, NC 27546-0000

Property Address: 1657 TIM CURRIN RD LILLINGTON, NC 27546

City, State, Zip: LILLINGTON, NC, 27546

Building Count: 0
Township Code: 13

Fire Tax District: Boone Trail

Parcel Building Value: \$0

Parcel Outbuilding Value: \$500

Parcel Land Value: \$20650

Parcel Special Land Value: \$0

Total Value: \$21150

Parcel Deferred Value: \$0

Total Assessed Value: \$21150

Neighborhood: 01300 Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft
Sale Month and Year: 12 / 2009

Sale Price: \$0

Deed Book & Page: 2696-0724

Deed Date: 2009/12/08

Plat Book & Page: Instrument Type: WD

Vacant or Improved:

QualifiedCode: Y

Transfer or Split: T

Within 1ml of Agriculture District: Yes

Prior Building Value: \$0

Prior Outbuilding Value: \$500

Prior Land Value: \$20400

Prior Special Land Value: \$0

Prior Deferred Value: \$0
Prior Assessed Value: \$20900



HARNETT COUNTY HEALTH DEPARTMENT NVIRONMENTAL HEALTH SECTION

Nº 10431

OPERATIONS PERMIT

	TAX ID#	
Contractor:	Sharpa	Registration #
Basement with Plum	bing: Garage:	
	Well Public Community 75 mm ft.	
Following are the specifications for the sewage disposal system on above captioned property.		
Type of system:	Conventional	
Size of tank:	Septic Tank: Doo gallons Pur	mp Tank: gallons
Subsurface Drainage Field		width of depth of ditches ft. ditches in.
PERMIT NO. 12483 Date: 10-29-97 Inspected by: Environmental Health Specialist		
	110.	
		B75-1000 57B-100 9-10-57

HARNETT COUNTY HEALTH DEPARTMENT 12483 PROVEMENT PERM 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 WEAVER Name: (owner) KOOOIC Septic Tank ☐ Repairs Mitrification Line SR# Property Location: Subdivision Walker Lot # Tax ID #-Ouadrant #_ Lot Size: 1.12 AC Number of Bedrooms Proposed: Basement with Plumbing: Garage: M Public Water Supply: ☐ Well ☐ Community Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other __ Pump Tank: _____ gallons Size of tank: Septic Tank: 1000 gallons depth of width of Subsurface exact length of each ditch 100 ft. ditches Drainage Field ditches _ft. ditches _ 3 French Drain Required: _ _____ Linear feet Date: 10-20-97 This permit is subject to revocation if site Signed: Environmental Health Specialist plans or intended use change. 570B Out Plumbing Shallow 18" max Dich Depth 1 Follow Contours - Kerp New Deam Pold 20 Permany existing Dennaled treep openaled 75 from all well 75 DO not DRIVE OF PARK ON DRANGING LOP Man R

DO NOT DRIVE OF PACK ON DRANGED 175'

LOP DEPORT

LOP