

Complaint # _____

SANITATION COMPLAINT

Date 12-27-2019

Phone# (910) (919) 552-9663

Name of Complainant Jeanne Schieferstein [] ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Water coming up from neighbors drainlines with a very bad odor. Issue has been going on since November of 2018.

Directions to site of Complaint Lot 5 Regal Crest Subdivision

Owner of property site Jason & Jennifer Duffany

Address and/or phone # 247 Regal Crest Drive Fuquay-Varina NC 27526

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

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

LT#5 REGAL CREST S/D MP#2008-664

Harnett County GIS

PID: 050633 0013 04**PIN:** 0633-32-5384.000**REID:** 0071715**Subdivision:****Taxable Acreage:** 1.000 LT ac**Caclulated Acreage:** 2.51 ac**Account Number:** 1500002636**Owners:** DUFFANY JASON H & DUFFANY JENNIFER R**Owner Address :** 247 REGAL CREST DRIVE FUQUAY VARINA, NC 27526**Property Address:** 247 REGAL CREST DR FUQUAY VARINA, NC 27526**City, State, Zip:** FUQUAY VARINA, NC, 27526**Building Count:** 1**Township Code:** 08**Fire Tax District:** Northwest Harnett**Parcel Building Value:** \$288700**Parcel Outbuilding Value :** \$20560**Parcel Land Value :** \$60000**Parcel Special Land Value :** \$0**Total Value :** \$369260**Parcel Deferred Value :** \$0**Total Assessed Value :** \$369260**Neighborhood:** 00518**Actual Year Built:** 2011**TotalAcutalAreaHeated:** 2648 Sq/Ft**Sale Month and Year:** 7 / 2011**Sale Price:** \$418000**Deed Book & Page:** 2886-0935**Deed Date:** 2011/07/20**Plat Book & Page:** 2008-664**Instrument Type:** WD**Vacant or Improved:****QualifiedCode:** Q**Transfer or Split:** T**Within 1mi of Agriculture District:** Yes**Prior Building Value:** \$267250**Prior Outbuilding Value :** \$20560**Prior Land Value :** \$72000**Prior Special Land Value :** \$0**Prior Deferred Value :** \$0**Prior Assessed Value :** \$359810



HTE# 11-5-26022

Harnett County Department of Public Health

PERMIT # 26415

Operation Permit

21731

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: 521418 RIVER RD

Name: (owner) N.C. Custom Homes LLC

SUBDIVISION Regal Crest

LOT # 5

System Installer: Tammy Matthews

Registration # _____

Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 5

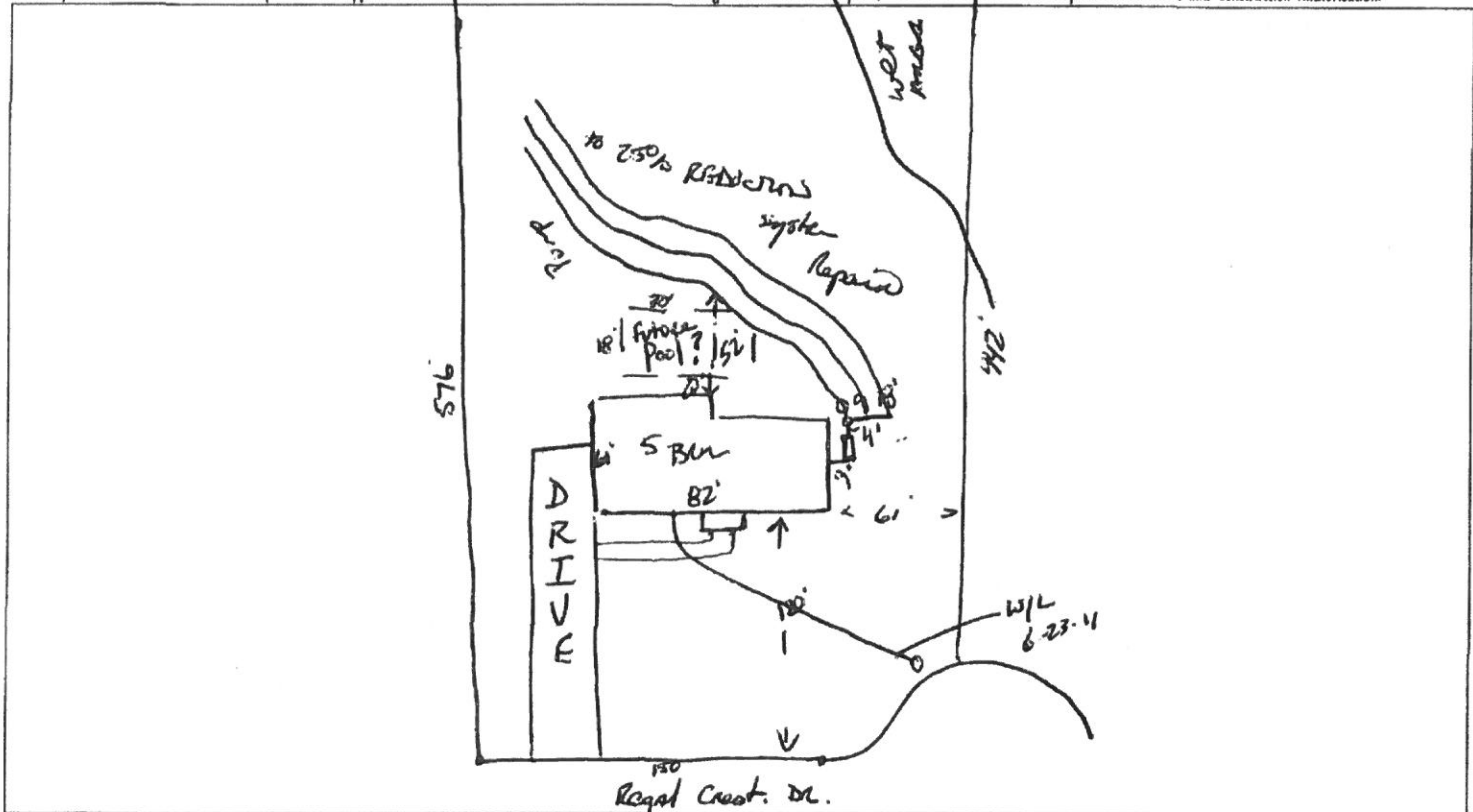
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: 25% REDUCED SYSTEM 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 25% REDUCED SYSTEM Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 150 feet ditches 3 feet ditches 20" inches

French Drain Required: _____ Linear feet

Authorized State Agent

[Signature]

Date 6-23-11

