

Complaint # _____

SANITATION COMPLAINT

Date 10-7-2020

Phone# (910)(919) 591-6937

Name of Complainant _____ ☒ ANONYMOUS

☒ Sewer ☐ Solid Waste ☐ Other _____

Nature of Complaint Complaint states there is water with a very bad odor bubbling up from the neighbors septic system.

Directions to site of Complaint 87 Sweet Jenny Lane Lot #70 Plantation at Vineyard Green

Owner of property site Leslie C. Ross

Address and/or phone # 4709 Shady Greens Drive Fuquay Varina NC 27526

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____
PROBLEM(S) FOUND _____

Correction of Problem

DATE _____
COMMENTS _____

HTE# 12-5-29112

Hannett County Department of Public Health

Improvement Permit

27015

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: STACI ROSS PROPERTY LOCATION: 381435 Tripp Rd
 NEW ☐ REPAIR ☐ EXPANSION ☒ SUBDIVISION: Plantation @ Vandyford Green LOT # 70
 Type of Structure: Ex SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: CONVENTIONAL
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement ☐ Yes ☒ No
 Pump Required: ☐ Yes ☐ No ☒ May be required based on final location and elevations of facilities
 Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet Permit valid for: ☒ Five years
 Permit conditions: _____ ☐ No expiration

Authorized State Agent: [Signature] Date: 7-20-12 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: STACI ROSS PROPERTY LOCATION: 381435 Tripp Rd
 Facility Type: Ex SFD ☐ New ☒ Expansion ☐ Repair
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
 Type of Wastewater System** CONVENTIONAL / 25% RBD - ACCEPTABLE (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable ☐)

25% RBD UZ AND SFD - (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 - Existing gallons Number of trenches 1
 Pump Tank Size _____ gallons Exact length of each trench 85 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 20 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

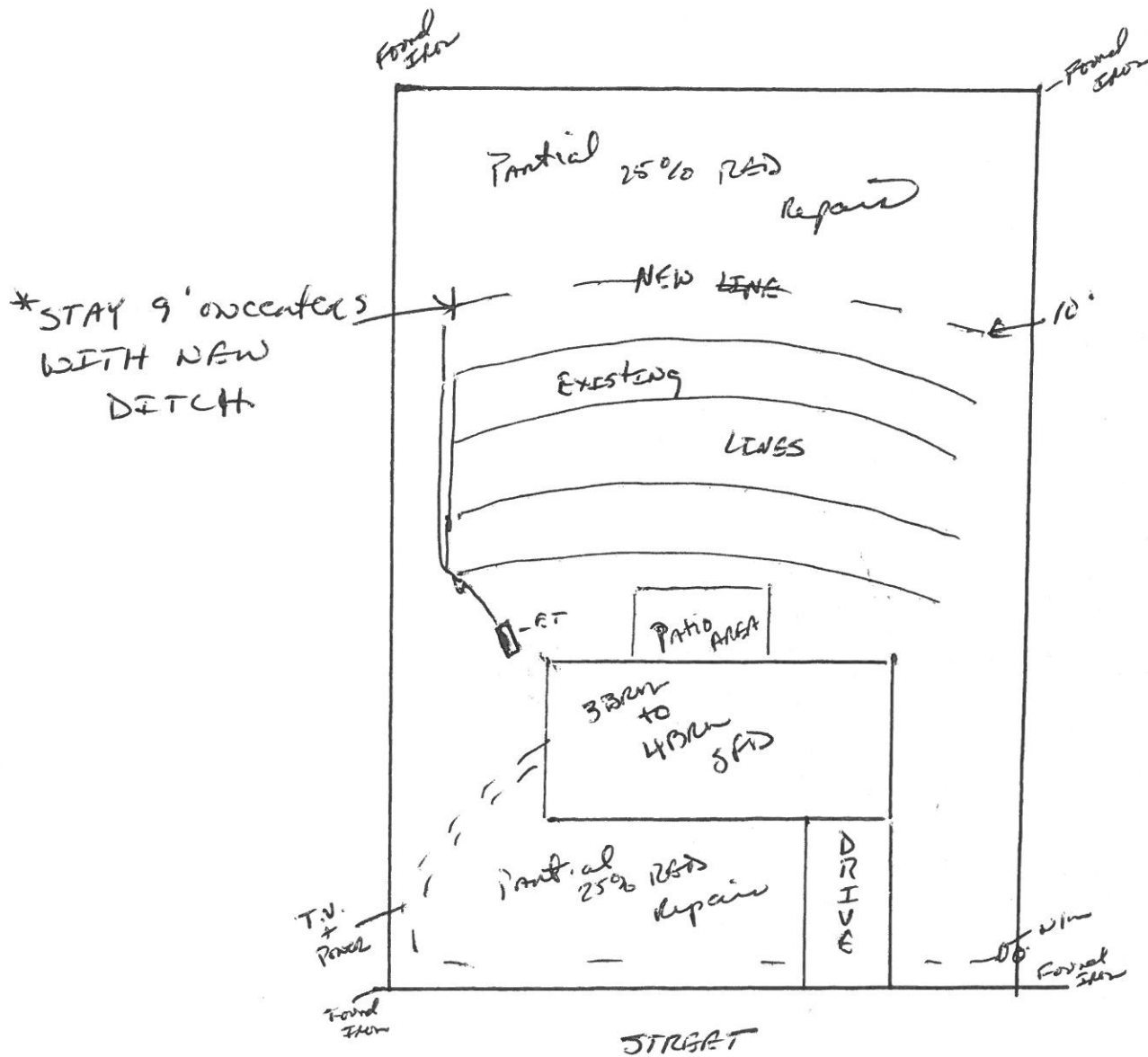
Authorized State Agent: [Signature] Date: 7-20-12
 Construction Authorization Expiration Date: 7-20-12

HTE# 12-5-29112

Permit # 27015

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATION: 821435 Tripp RD
ISSUED TO: STACI ROSS SUBDIVISION Plantations At Vineyard Groves LOT # 70
Authorized State Agent: James C. Manhart Date: 7-20-12



02-5-3761

FANNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

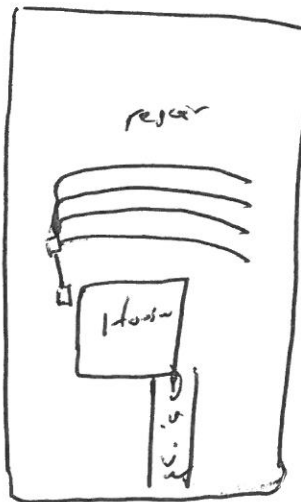
No 13631

OPERATIONS PERMIT

Name: (owner) Danny Norris ☒ New Installation ☒ Septic Tank
Property Location: SR# 1435 ☐ Repairs ☒ Nitrification Line
Subdivision Vineyard Green Lot # 70
TAX ID# _____ Quadrant # _____
Contractor: Ted Brown 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 4 of each ditch 85 ft. ditches 3 ft. ditches 18 in.
French Drain: _____ Linear feet

Date: 4/26/2002PERMIT NO. 18760Inspected by: Bryan M. L. S.
Environmental Health Specialist

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 18760

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) DANNY NORRIS

☒ New Installation

☒ Septic Tank

Property Location: SR# 1435 Tripp Rd

☐ Repairs

☒ Nitrification Line

Subdivision Vineyard Oaks

12-5-28170 Lot # 12

Tax ID # 6-12-12

Quadrant # 6-11-12

Number of Bedrooms Proposed: 3

Lot Size: .474

Basement with Plumbing: ☐

Garage: ☐

Water Supply: ☐ Well ☒ Public

☐ Community

Distance 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

Drainage Field

ditches 4

exact length

of each ditch 85 ft.

width of

ditches 3 ft.

depth of

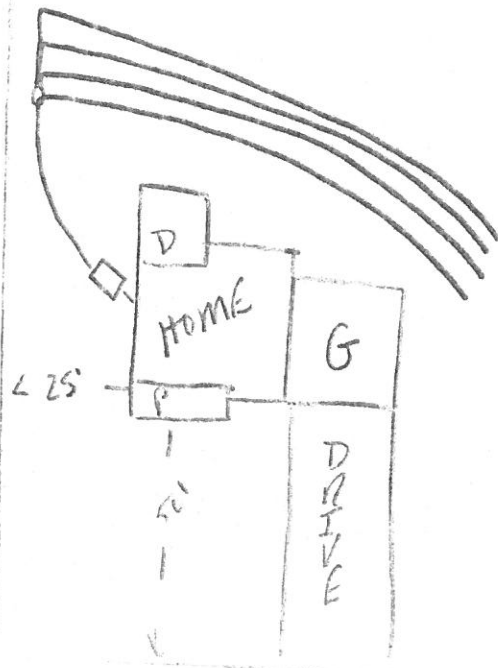
ditches 18 in.

French Drain Required: — Linear feet

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

Date: 1-23-02

Signed: James E. Mahant
Environmental Health Specialist



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

LT#70 PLTN VINEYARD GREEN2000-549A

Harnett County GIS**PID:** 110651 0057 42**PIN:** 0651-92-3328.000**REID:** 0054059**Subdivision:****Taxable Acreage:** 1.000 LT ac**Caclulated Acreage:** 0.49 ac**Account Number:** 1500005211**Owners:** ROSS LESLIE C**Owner Address :** 4709 SHADY GREENS DR FUQUAY VARINA, NC 27526**Property Address:** 87 SWEET JENNY LN LILLINGTON, NC 27546**City, State, Zip:** LILLINGTON, NC, 27546**Building Count:** 1**Township Code:** 11**Fire Tax District:** Summerville Bunnlevel**Parcel Building Value:** \$175900**Parcel Outbuilding Value :** \$0**Parcel Land Value :** \$32000**Parcel Special Land Value :** \$0**Total Value :** \$207900**Parcel Deferred Value :** \$0**Total Assessed Value :** \$207900**Neighborhood:** 01115**Actual Year Built:** 2002**TotalAcutalAreaHeated:** 2420 Sq/Ft**Sale Month and Year:** 5 / 2012**Sale Price:** \$145000**Deed Book & Page:** 2996-0709**Deed Date:** 1338422400000**Plat Book & Page:** 2000-549**Instrument Type:** SW**Vacant or Improved:****QualifiedCode:** I**Transfer or Split:** T**Within 1mi of Agriculture District:** Yes**Prior Building Value:** \$190080**Prior Outbuilding Value :** \$0**Prior Land Value :** \$35000**Prior Special Land Value :** \$0**Prior Deferred Value :** \$0**Prior Assessed Value :** \$225080