

Complaint # Ceeh2011-w03

SANITATION COMPLAINT

Date 11-17-20

Phone# (910) (919) _____

Name of Complainant _____ ☒ ANONYMOUS

☒ Sewer ☐ Solid Waste ☐ Other _____

Nature of Complaint Sewage on ground

Directions to site of Complaint _____

Owner of property site Marquis Mullins

Address and/or phone # 81 Bay Tree Lane Sanford

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

HTE 3-5-824RR HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION 16840
OPERATIONS PERMIT

Name: (owner) Kent Price ☒ New Installation ☒ Septic Tank
Property Location: SR# 1115 ☐ Repairs ☒ Nitrification Line
Subdivision Peach Tree Lot # 114
Tax ID # _____ Quadrant # _____
Contractor: Ted Brown Registration # _____

Basement with Plumbing: ☐ Garage: ☒
Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: _____ ft.

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

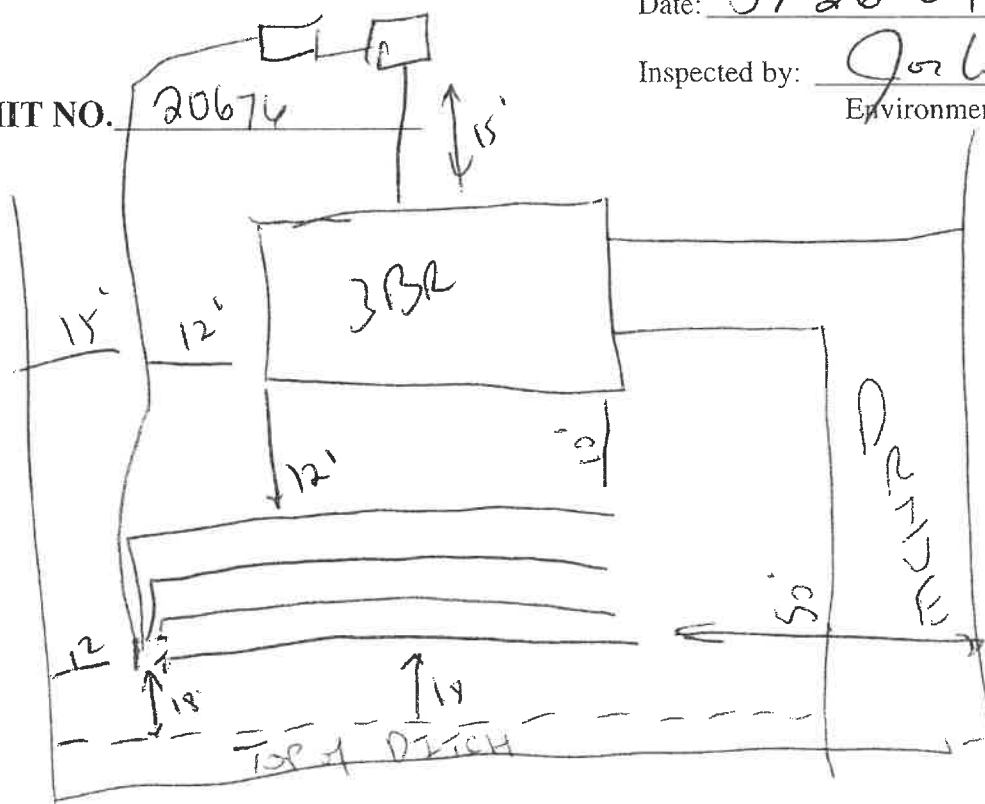
Type of system: ☐ Conventional ☒ Other Pump to Chamber Infiltrator
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons STD-5C H-10

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 07-26-04
Inspected by: Joe W. Aro
Environmental Health Specialist

PERMIT NO. 20674



Repair
IS LPP
ON SPEC
EASEMENT
SEE MAP
Lines OK
Tanks OK
Pump OK
6-29-04
J. W. Aro
Needs alarm
Alarm Box check

HARNETT COUNTY HEALTH DEPARTMENT

HTE 03-5-8124R

IMPROVEMENT PERMIT

20676

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) Kent Pierce☒ New Installation☒ Septic TankProperty Location: SR# 1115☐ Repairs☒ Nitrification LineSubdivision Peach TrceLot # 114

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (50 x 32)Lot Size: 0.68 ac plus Repair EasementBasement with Plumbing: ☐Garage: ☒Water Supply: ☐ Well ☒ Public☐ CommunityDistance 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 Pump to Chamber SYSTEMSize of tank: Septic Tank: 1000 gallonsPump Tank: 1000 gallons

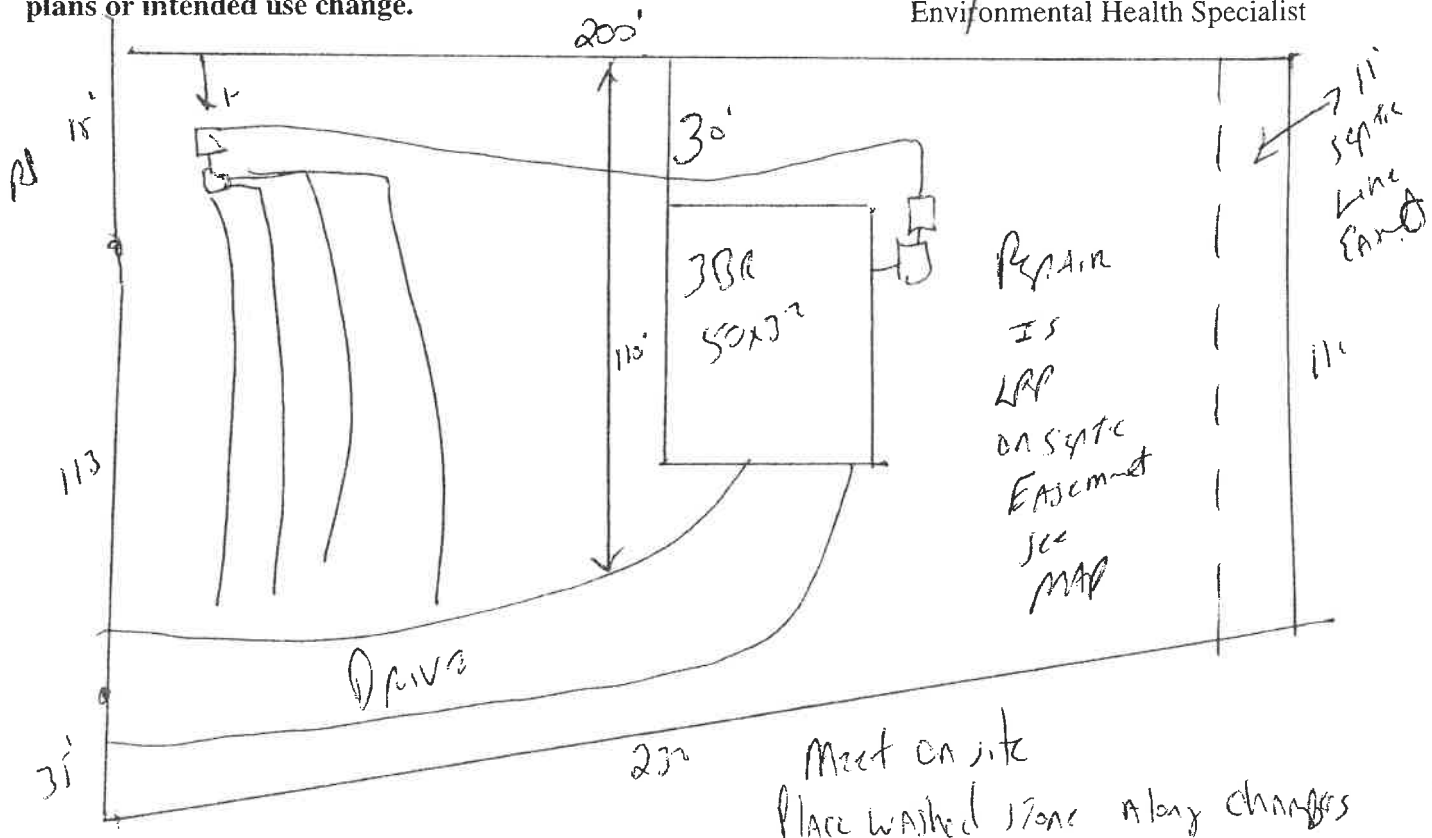
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 03-08-04

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

Signed: [Signature]
Environmental Health Specialist



**HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20674. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

Kent Pierce
Name _____ Telephone # _____

Address _____

Property Location SR# _____ Road Name _____

1115
Subdivision 114 Lot # 3150x32 # Bedrooms Proposed _____ Lot Size _____

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☐ Septic Tank ☒ Nitrification Lines

☐ Conventional ☒ Other Pump to Chamber

☐ Basement ☐ With Plumbing ☒ Without Plumbing

Water Supply: ☐ Well ☒ Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

Joe W. J. R. S.
Signature of Authorized Agent for Harnett County

03-08-04
Date

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

LOT#114 PEACHTREE CROS P3MAP#2000-161A

Harnett County GIS

PID: 03958708 0020 40

PIN: 9587-50-1529.000

REID: 0053335

Subdivision:

Taxable Acreage: 0.680 AC ac

Caclulated Acreage: 0.72 ac

Account Number: 1400033305

Owners: MULLINS MARQUIS R

Owner Address : 84 BAY TREE LN SANFORD, NC 27332-1353

Property Address: 84 BAY TREE LN SANFORD, NC 27332

City, State, Zip: SANFORD, NC, 27332

Building Count: 1

Township Code: 03

Fire Tax District: Benhaven

Parcel Building Value: \$118710

Parcel Outbuilding Value : \$0

Parcel Land Value : \$27000

Parcel Special Land Value : \$0

Total Value : \$145710

Parcel Deferred Value : \$0

Total Assessed Value : \$145710

Neighborhood: 00318

Actual Year Built: 2004

TotalAcutalAreaHeated: 1716 Sq/Ft

Sale Month and Year: 11 / 2007

Sale Price: \$148500

Deed Book & Page: 2448-0509

Deed Date: 1195603200000

Plat Book & Page: 2000-161

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$134900

Prior Outbuilding Value : \$0

Prior Land Value : \$25000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$159900

