

Complaint # Ceeh2402.003

SANITATION COMPLAINT

Date 2-17-21

Phone# (910) (919) 817-228-9223

Name of Complainant EH Deputy [] ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage on ground

Directions to site of Complaint _____

Owner of property site Elizabeth + Ronald King

Address and/or phone # 1760 Rainey Dr Twin Lakes

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

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

LOT# 31 SEC E TWIN LAKES

Harnett County GIS

PID: 010514 0292 04

PIN: 0514-22-2587.000

REID: 0053102

Subdivision:

Taxable Acreage: 1.000 LT ac

Caclulated Acreage: 0.33 ac

Account Number: 109317000

Owners: KING ELIZABETH WYKE & KING RONALD ALLEN

Owner Address : 1760 RAINEY DRIVE SPRING LAKE, NC 28390-0000

Property Address: 1760 RAINEY DR SPRING LAKE, NC 28390

City, State, Zip: SPRING LAKE, NC, 28390

Building Count: 0

Township Code: 01

Fire Tax District: Anderson Creek

Parcel Building Value: \$0

Parcel Outbuilding Value : \$0

Parcel Land Value : \$15000

Parcel Special Land Value : \$0

Total Value : \$15000

Parcel Deferred Value : \$0

Total Assessed Value : \$15000

Neighborhood: 00114

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 5 / 1999

Sale Price: \$0

Deed Book & Page: 1348-0726

Deed Date: 925776000000

Plat Book & Page: -

Instrument Type: WD

Vacant or Improved:

QualifiedCode: C

Transfer or Split:

Within 1mi of Agriculture District: No

Prior Building Value: \$0

Prior Outbuilding Value : \$0

Prior Land Value : \$15000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$15000



CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

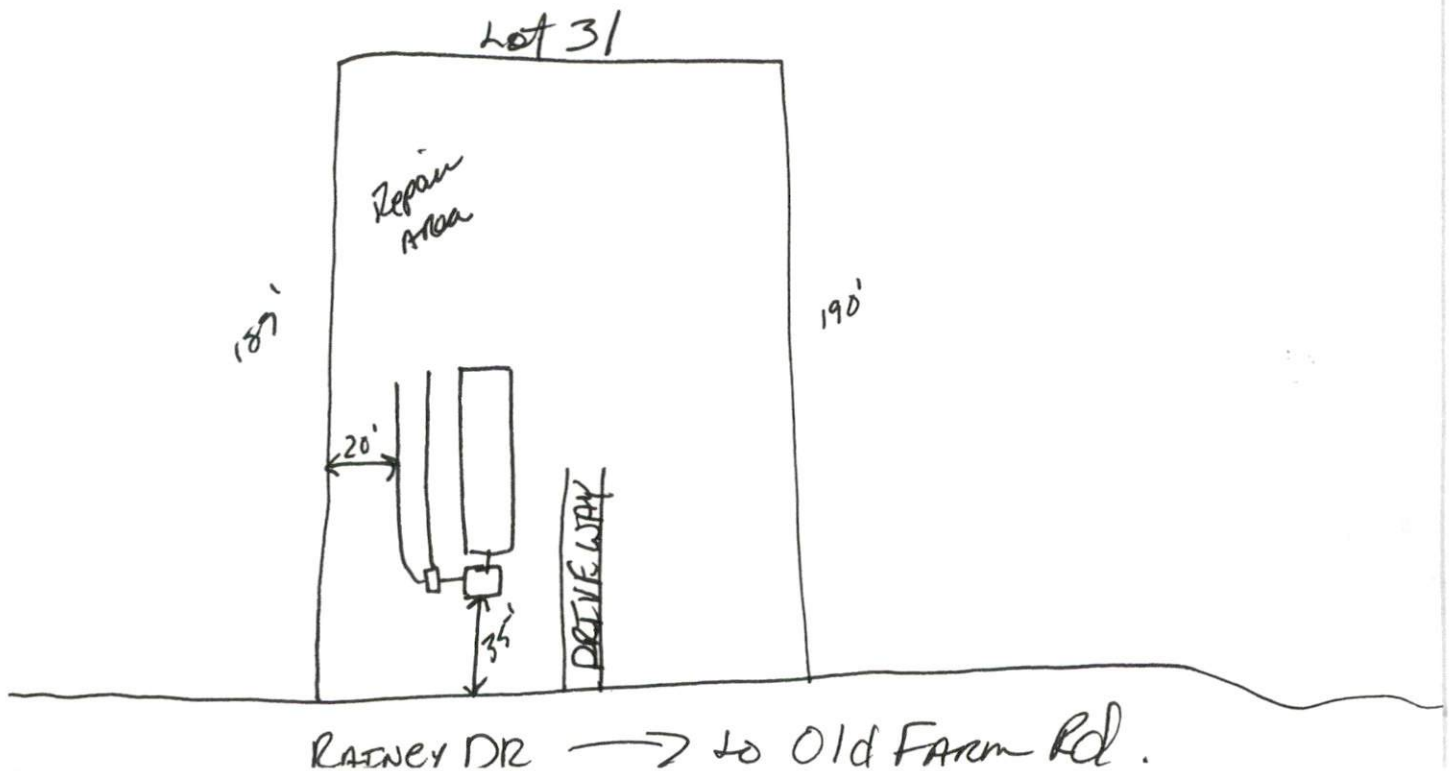
Name: (owner) JUANITA Black Pait ☒ New Installation ☒ Septic Tank
Property Location: SR# 1147 - Rainey Dr ☐ Repairs ☒ Nitrification Line
Subdivision Twins Lakes Lot # 31
TAX ID# _____ Quadrant # _____
Contractor: Billy Cox Registration # 5
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: _____ ft.

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

Type of system: ☒ Conventional ☐ Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 67 ft. ditches 3 ft. ditches 34 in.
French Drain: _____ Linear feet

PERMIT NO. 08368

Date: 2-4-94
Inspected by: James E. Markert
Environmental Health Specialist



IMPROVEMENT PERMIT

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) JUANITA BLACK PAIT ☒ New Installation ☒ Septic Tank
Property Location: SR# ☐ Repairs ☒ Nitrification Line

Subdivision TWIN LAKE Lot # 31

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1/2 ACRES

Basement with Plumbing: ☐ Garage: ☐ N/A

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: N/A 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: 900 gallons Pump Tank: N/A gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 67 ft. ditches 3 ft. ditches 24 in.

French Drain required: N/A Linear feet

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

Date: 1-30-94

Signed: [Signature]

Environmental Health Specialist

VOID AFTER 5 YEARS

