

Complaint # Gen 2103-003

## SANITATION COMPLAINT

\*\*\*\*\*

Date 3/3/21

Phone# (910) (919) 396-6636

Name of Complainant \_\_\_\_\_ [ ] ANONYMOUS

☒ Sewer [ ] Solid Waste [ ] Other \_\_\_\_\_

Nature of Complaint Sewage in yard, bad smell

Directions to site of Complaint Lot 48 Stone Cross

Owner of property site Felicia Boyd

Address and/or phone # 202 Cobblestone Dr Spring Lake

\*\*\*\*\*

### Inspection Information

DATE \_\_\_\_\_ TIME \_\_\_\_\_ PERFORMED BY \_\_\_\_\_

PROBLEM(S) FOUND \_\_\_\_\_

### Correction of Problem

DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

HTE# 10-5-25085R

## Harnett County Department of Public Health

PERMIT # 26261

## Operation Permit

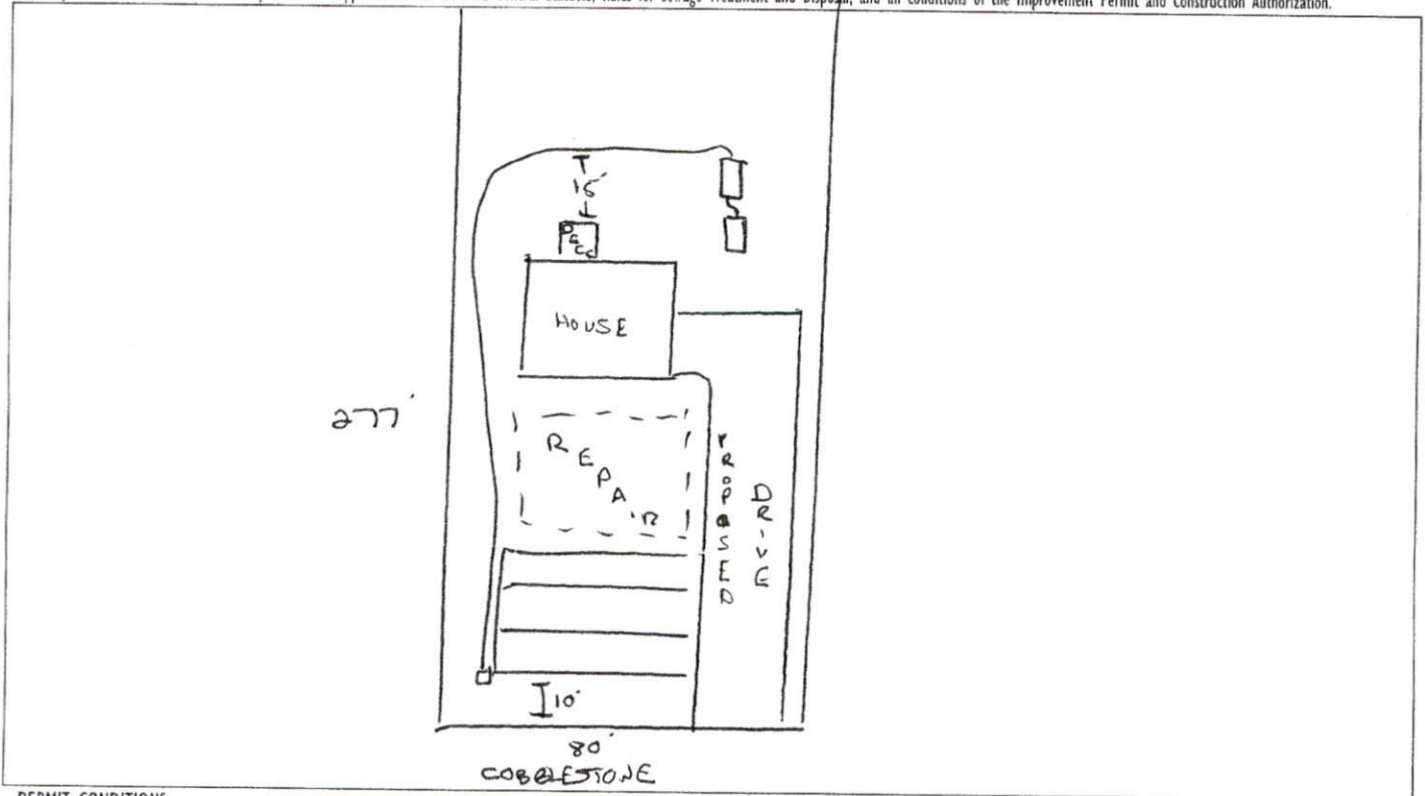
22237

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION: COBBLESTONE DRName: (owner) CHARNETSKY Custom Homes SUBDIVISION STONE CROSS LOT # 48System Installer: OTIS STRICKLAND Registration # \_\_\_\_\_Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feetSystem Type: IIIb 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 PUMP TO EZ FLOWSeptic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 45 feetwidth of ditches 3 feet depth of ditches 24 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent \_\_\_\_\_

RCHS

Date 2/26/12



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

LOT#48 STONE CROSS SC2 PHI MAP#2005-953

**Harnett County GIS**

PID: 01053514 0100 22

PIN: 0515-30-4251.000

REID: 0062926

Subdivision:

Taxable Acreage: 1.000 LT ac

Caclulated Acreage: 0.51 ac

Account Number: 1500022551

Owners: BOYD FELICIA

Owner Address : 202 COBBLESTONE DR SPRING LAKE, NC 28390

Property Address: 202 COBBLESTONE DR SPRING LAKE, NC 28390

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

Building Count: 1

Township Code: 01

Fire Tax District: Anderson Creek

Parcel Building Value: \$131930

Parcel Outbuilding Value : \$1430

Parcel Land Value : \$38000

Parcel Special Land Value : \$0

Total Value : \$171360

Parcel Deferred Value : \$0

Total Assessed Value : \$171360

Neighborhood: 00128

Actual Year Built: 2012

TotalAcutalAreaHeated: 1920 Sq/Ft

Sale Month and Year: 3 / 2017

Sale Price: \$180000

Deed Book &amp; Page: 3488-0588

Deed Date: 1489708800000

Plat Book &amp; Page: 2005-953

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: No

Prior Building Value: \$171250

Prior Outbuilding Value : \$2550

Prior Land Value : \$30000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$203800

