Complaint # Ceeh 2103- and

## SANITATION COMPLAINT

Date 3 3 21	Phone# (910) (919) 396-6636
Name of Complainant	[ ] ANONYMOUS
Sewer [ ] Solid Waste [ ] Other	
Nature of Complaint Selving On	grand, bad smell
Directions to site of Complaint	Cross 10+49
Eddans and Cambana # 180 Cold	ichelle Rivas estone Or Spring Lake
**************************************	***********
PROBLEM(S) FOUND	ORMED BY
Correction of Problem	
DATE COMMENTS	

HTE#05-5-13659 RR

## Harnett County Department of Public Health 19645

PERMIT # 232°		
	Mew Installation A Septic Tank A Repair Mitrification Line	☐ Expansion
-	PROPERTY LOCATION: OVERHILLS RO	
Name: (owner)	- PATINESS LAND DEVELOPMENT SUBDIVISION STONECORSS 10T	# 49
	D.C. CARTEL Registration #	
Basement with plumbin		
Type of Water Supply:	: Community Public Well Distance from well 100 feet	
System Type:	Types V and VI Systems expire in 5 years.	
(In accordance with Ta	able V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This everem has been install	lled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Auth	<u> </u>
		ionzation.
	The solution of the solution o	
- ANDWIGHT		
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 \( \subseteq \) No \( \subseteq \)  If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
Share		-
V. Other:	TURN VALVE 2 TIMES A YEAR (EVERY 6 MOMMS)	
Type of system:	ifications for the sewage disposal system on the above captioned property.	Ilane
Subsurface	Conventional Other Pune To INFILTRATOR Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000  No. of exact length 155% 155% width of depth of	gallons
Drainage Field	ditches $8$ of each ditch $45$ feet ditches $3$ feet ditches $24$	inches
French Drain Required:		
Authorized State Age	gent Date 11 6 07	

Print this page



## **Property Description:**

LT#49 STONE CROSS SC2 PHIMAP#2005-953

## **Harnett County GIS**

PID: 01053514 0100 23 PIN: 0515-30-4105.000

REID: 0062927 Subdivision:

Taxable Acreage: 1.000 LT ac Caclulated Acreage: 0.49 ac Account Number: 1500034308

Owners: NUNEZ RIVAS AYLEEN MICHELLE & RIVAS JOSE

Owner Address: 186 COBBLESTONE DR SPRING LAKE, NC 28390

Property Address: 186 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: \$119490
Parcel Outbuilding Value: \$0
Parcel Land Value: \$38000
Parcel Special Land Value: \$0

Total Value: \$157490

Parcel Deferred Value: \$0

Total Assessed Value: \$157490

Neighborhood: 00128
Actual Year Built: 2007

TotalAcutalAreaHeated: 1892 Sq/Ft Sale Month and Year: 11 / 2019

Sale Price: \$189000

Deed Book & Page: 3757-0530

Deed Date: 1574208000000

Plat Book & Page: 2005-953

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: No

Prior Building Value: \$162490
Prior Outbuilding Value: \$0
Prior Land Value: \$30000
Prior Special Land Value: \$0

Prior Deferred Value: \$0

Prior Assessed Value: \$192490

