SANITATION COMPLAINT

Name of Complainant [] ANONYMOUS
[] Sewer [] Solid Waste [] Other
Nature of Complaint Scwage running into neighbors
yard tuning fence black. Has Chain link
Mature of Complaint Sewage running into neighbors yard teening fence black. Has Chain link Tence with 2 days.
Directions to site of Complaint
Owner of property site Brice + Ana Murine
Address and/or phone # 551 5100 Col
Inspection Information
DATETIMEPERFORMED BY PROBLEM(S) FOUND
Correction of Problem
DATE COMMENTS

Print this page



Property Description:

LOT#139 STONEY CREEK MANOR SEC#2 PC#F-182B

Harnett County GIS

PID: 030507 0183 89

PIN: 9576-64-2752.000

REID: 0007876

Subdivision:

Taxable Acreage: 0.720 AC ac Caclulated Acreage: 0.71 ac Account Number: 1500023116

Owners: MUNROE BRUCE W & MUNROE ANA L

Owner Address: 551 STONEY CREEK DR SANFORD, NC 27332

Property Address: 551 STONEY CREEK DR SANFORD, NC 27332

City, State, Zip: SANFORD, NC, 27332

Building Count: 1 Township Code: 03

Fire Tax District: Spout Springs

Parcel Building Value: \$104760

Parcel Outbuilding Value: \$1380

Parcel Land Value: \$30000

Parcel Special Land Value: \$0

Total Value : \$136140

Parcel Deferred Value : \$0

Total Assessed Value: \$136140

Neighborhood: 00305 Actual Year Built: 1993

TotalAcutalAreaHeated: 1758 Sq/Ft

Sale Month and Year: 5 / 2017

Sale Price: \$149000

Deed Book & Page: 3502-0874

Deed Date: 1494288000000

Plat Book & Page: Instrument Type: WD
Vacant or Improved:
QualifiedCode: A

Transfer or Split: T

Within 1mi of Agriculture District: No

Prior Building Value: \$116640
Prior Outbuilding Value: \$1380
Prior Land Value: \$25000
Prior Special Land Value: \$0

Prior Deferred Value: \$0

Prior Assessed Value: \$143020



24547

HTE# REPO	Harnett County Department of Public Health
PERMIT # 204	□ New Installation > Septic Tank □ Nitrification Line > Repair □ Expansion
Name: (owner)	Hymee, Richard & Ramcha Subdivision Stoney Creek Manor LOT #139
System Installer:	
Basement with plum	
	ly: Community Public Well Distance from well feet
System Type:	TAME COLORGICAT 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 ins	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	3 4 9
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	110
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 \square No \square
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	
V. Other:	NEW TANK ! DUTEIBUTION BOX INSTALLED
	cifications for the sewage disposal system on the above captioned property.
Type of system:	
Subsurface	No. of exact length width of depth of
Drainage Field	ditches feet ditches inches
French Drain Require	

Authorized State Agent_

HTE# REPRICE

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ICCUPD TO			107.11	
ISSUED TO: NEW □ REPAIR □ EXPANSION □	SUBDIVISION	ents required prior to Construction Authoriza	LOT #	
		lents required prior to Construction Authoriza	ation issuance:	
Type of Structure:Proposed Wastewater System Type:	_			
Projected Daily Flow: GPD				
Number of Dedrooms: Number of Occupants:	may			
Basement Yes No				
Pump Required: ☐Yes ☐ No ☐ May be required based on final	location and elevations of facilitie	20		
Type of Water Supply: Community Public Well Dist			☐ Five years	
Permit conditions:			☐ No expiration	
Authorized State Agent::	Date:	SEE ATTAC	HED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of ot site is subject to revocation if the site plan, plat, or the intended use changes. The Improvementhe Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	her permits. The permit holder is responsib nt Permit shall not be affected by a chang	le for checking with appropriate governing bodies in m e in ownership of the site. This permit is subject to co	eeting their requirements. This mpliance with the provisions of	
Const	ruction Authorizatio	n		
	equired for Building Permit)	·		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.		references into this permit and shall be met. Systems sh	nall be installed in accordance	
ISSUED TO: HYMER RICHARD & PAMELA	PROPERTY LOCATION:	551 STONEY CARRY	Da	
)	SUBDIVISION STORY	EY CREGY MANDE	101 # 13 9	
Facility Type: EXISTING SED New	☐ Expansion 🔻			
Basement? Yes No Basement Fixtures? Yes		перап		
Type of Wastewater System**		(Initial) Wastewater Flow:	360 GPD	
(See note below, if applicable)		(IIIItial) Wastewater Flow.	OF OF OF	
(see note below, if applicable)	(Ronair)			
Installation Requirements/Conditions Number of tree	(Repair)			
	each trench	fact Transh Specimen [C	
		· · · · · · · · · · · · · · · · · · ·		
,	be installed on contour at a		thes	
	h Depth of: i	,		
	s shall be level to +/-1/4"	36" above the trench bottor	n)	
in all directions)			
Pump Requirements:ft. TDH vs GPM			inches below pipe	
Conditions: REPLACE SEPTIC TANK AN	0	Aggregate Depth:		
Conditions: REPLACE SEPTIC TANK AN	O TISTURBUTIO	N BOX	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 appli	lication. I accept the specifications of thi	s permit.	
Ourse/Level Beauty Great		No.		
Owner/Legal Representative Signature:	down The Country of t	Date:	the data to the	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	-			
Construction Authorization is subject to compliance with the provision of the Laws and Rules for	sewage freatment and Disposal and to th	ne conditions of this permit. SEE AI	TACHED SITE SKETCH	
		Date: 4 24)7		
Cons	truction Authorization Expira	tion Date: 427 22		

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Cumberland Homes		
Property Location: SR# 27	☐ Repairs	Nitrification Line
Subdivision Stoney Creek Manor	Lot #	
Contractor: /cd Brown	Registration #	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☑ Public ☐ Community		
Distance From Well:ft.	8	
Following are the specifications for the sewage disposa	al system on above ca	ptioned property.
Type of system: D Conventional Other		
Size of tank: Septic Tank: gallons Pump '		
Subsurface No. of 2 exact length Drainage Field ditches 2 of each ditch 120 f	width of	depth of
French Drain: Linear feet	t. ditches ft.	ditches 18-22 in.
Dinear leet	1-24-	.94
PERMIT NO. 783/	e: 1-24- pected by: Thomas	O Roses
Insp	pected by:	7. paga
	Environmental H	ealth Specialist
House line		
Stoney Creek Drive		