## SANITATION COMPLAINT

Date 3-21-22 Phone# (910) (919)	
Name of Complainant	[ ] ANONYMOUS
Sewer [ ] Solid Waste [ ] Other	
Nature of Complaint Surge on Grand, Quines	Keeps
Carried With Sand	
Directions to site of Complaint	
Owner of property site Michelle Stepheno	
Address and/or phone # 11 Birch NOX1 Cir Cats	Birchfield b
**************************************	*********
DATETIMEPERFORMED BYPROBLEM(S) FOUND	
Correction of Problem	
DATECOMMENTS	

Print this page



#### **Property Description:**

LT#22 BIRCHFIELD SD PH 4 .576A MAP#98-506

### **Harnett County GIS**

PID: 070680 0129 27 PIN: 0680-89-5201.000

REID: 0051682 Subdivision:

Taxable Acreage: 1.000 LT ac Caclulated Acreage: 0.59 ac Account Number: 1500017550

Owners: STEPHENS MICHELLE OMELIA

Owner Address: 11 BIRCHWOOD CIR COATS, NC 27521

Property Address: 11 BIRCHWOOD CIR COATS, NC 27521

City, State, Zip: COATS, NC, 27521

Building Count: 1
Township Code: 07

Fire Tax District: Buies Creek

Parcel Building Value: Unavailable
Parcel Outbuilding Value: Unavailable
Parcel Land Value: Unavailable

Parcel Special Land Value : Unavailable

Total Value : Unavailable

Parcel Deferred Value: Unavailable
Total Assessed Value: Unavailable

Neighborhood: 00722 Actual Year Built: 1999

TotalAcutalAreaHeated: 1238 Sq/Ft Sale Month and Year: 11 / 2015

Deed Book & Page: 3353-0781

Sale Price: \$0

Deed Date: 1446768000000

Plat Book & Page: 98-506

Instrument Type: QC

Vacant or Improved:

QualifiedCode: E

Transfer or Split: T

Within 1mi of Agriculture District: No

Prior Building Value: Unavailable
Prior Outbuilding Value: Unavailable
Prior Land Value: Unavailable

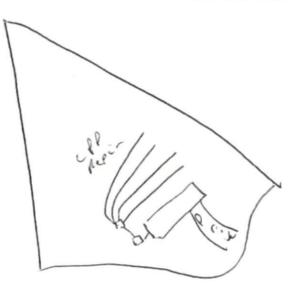
Prior Special Land Value : Unavailable

Prior Deferred Value : Unavailable
Prior Assessed Value : Unavailable



# **OPERATIONS PERMIT**

Name: (owner)	RIN Cost.	New I	nstallation Seption	c Tank
Property Location:	SR# 1567			ication Lin
	Subdivision Bid Field	Lot #	2	
	TAX ID#			
Contractor: Ric	Ky Hellend	Registratio	n #	
Basement with Plum	bing:   Garage			
Water Supply:	Well Public Comm	inity		
Distance From Well:	Sonia ft.			
Following are the sp	oecifications for the sewage dispo	sal system on abo	ve captioned propert	ty.
Type of system:	Conventional			
Size of tank:	Septic Tank: 1000 gallons	Pump Tank:	gallons	
Subsurface Drainage Field	No. of exact length of each ditch	width of ft. ditches	depth of ft. ditches	24 in.
French Drain:	Linear feet	-1-	/-	
	Da	e: 3/5/	19	
PERMIT NO15	193 Ins	pected by:	onmental Health Spe	cialist



#### HARN COUNTY HEALTH DEPARTMENT

### IMPROVEMENT PERMI.

Nº 15193

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) R + N Coast.	New Installation	Septic Tank
Property Location: SR# 1563 B: 11 Away Rd	Repairs	Nitrification Lin
Subdivision Birch Field	Lot	# 22
Tax ID #		
Number of Bedrooms Proposed:	Lot Size:	
Basement with Plumbing: Garage:		
Water Supply:   Well Public   Communic		
Distance From Well: 50 min ft.		
Following is the minimum specifications for sewage disposal final approval.  Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons	Pump Tank: ga	llons
Subsurface No. of exact length of each ditch of each ditch	width of ditches 3 ft. d	epth of itches 18-24 in.
French Drain Required: Linear feet	/ /	
This permit is subject to revocation if site plans or intended use change.  **Mainhair all sethers  **Kises & Filter will be needed  **Contractor to installation  **Prior to	Environmental Hea	alth Specialist
18/	Live Dick for	

# HAPN'ETT COUNTY HEALTH DEPARTMENT AUTH\_RIZATION TO CONS' UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit #  $\frac{15/9.3}{1}$ . 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.

Owner or Authorized Agent
Name: R+NConst. Telephone # 557-5252
Address: 1909 N.KK: TF Rd. Willowsprings NC
Property Location: SR # 1563 Road Name B: 11 Avery
New Installation Repair Septic Tank Nitrification Lines
Subdivision Directical Lot # 22
Number of Bedrooms Proposed: Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 60 ft.
Type of System: Conventional Other
Tank Volume: Septic Tank / 000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines _ 300 ft
Width of ditches ft. Depth of ditches 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.
Name: M.J R.S. Date: Date:
(Revised 2/96)cnstrct.wpd