

Complaint # _____

SANITATION COMPLAINT

Date 4-7-22

Phone# (910) (919) 710 4578

Name of Complainant _____ [] ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage smell, backing up
in house.

Directions to site of Complaint _____

Owner of property site Daniel + Deborah David

Address and/or phone # 116 Constitution Way Cameron

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

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

LT#B63 HERITAGE VILL SC#3PH#2 P#F/285C

Harnett County GIS

PID: 09957501 0185 53

PIN: 9575-71-0400.000

REID: 0039785

Subdivision:

Taxable Acreage: 1.000 LT ac

Calculated Acreage: 0.49 ac

Account Number: 904129000

Owners: DAVID DANIEL WAYNE & DAVID DEBORAH G

Owner Address : 175 OWENS RD FT MITCHELL, AL 36856-5515

Property Address: 116 CONSTITUTION WAY CAMERON, NC 28326

City, State, Zip: CAMERON, NC, 28326

Building Count: 1

Township Code: 09

Fire Tax District: Spout Springs

Parcel Building Value: 67706

Parcel Outbuilding Value : 0

Parcel Land Value : 7350

Parcel Special Land Value : 0

Market Value : 75056

Parcel Deferred Value : 0

Total Assessed Value : 75056

Neighborhood: 00905

Actual Year Built: 1994

TotalAcutalAreaHeated: 1344 Sq/Ft

Sale Month and Year: 11 / 1994

Sale Price: \$68500

Deed Book & Page: 1073-0733

Deed Date: 783648000000

Plat Book & Page: -

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Y

Transfer or Split:

Within 1mi of Agriculture District: No

Prior Building Value: 35790

Prior Outbuilding Value : 1080

Prior Land Value : 15000

Prior Special Land Value : 0

Prior Deferred Value : 0

Prior Assessed Value : 51870



CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Kilbarnold Corp ☒ New Installation ☒ Septic Tank
Property Location: SR# HWY 24 ☐ Repairs ☒ Nitrification Line
Subdivision Heritage Village Lot # B-63
TAX ID# _____ Quadrant # _____
Contractor: W. Sharpe Registration # _____
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: N/A ft.

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

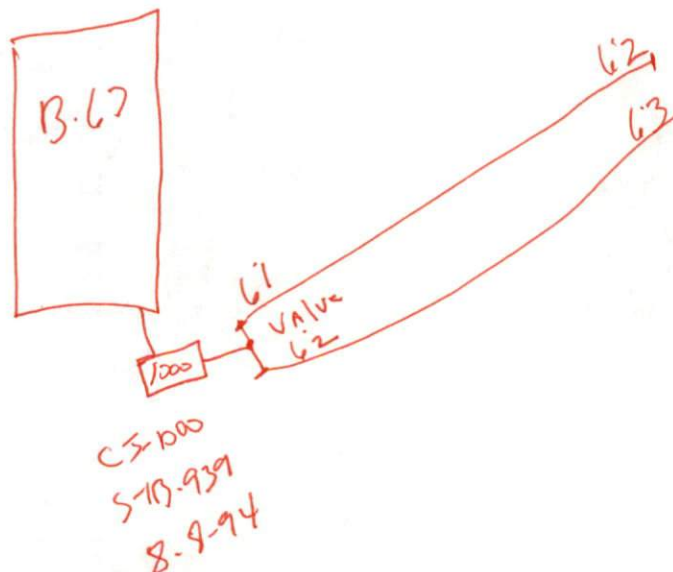
Type of system: ☒ Conventional ☐ Other N/A
Size of tank: Septic Tank: 1000 gallons Pump Tank: N/A gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 67 ft. ditches 3 ft. ditches 18-30 in.
French Drain: _____ Linear feet

PERMIT NO. 09367

Date: 10-12-94

Inspected by: J. Waters

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) KILARNOLD CORP ☒ New Installation ☐ Septic Tank
Property Location: SR# OFI Hwy 24E ☐ Repairs ☐ Nitrification Line

Subdivision Heritage Village Lot # B 63

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 20 000 Sq. Ft.

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: _____ 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: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 67 ft. ditches 3 ft. ditches 18"30" in.

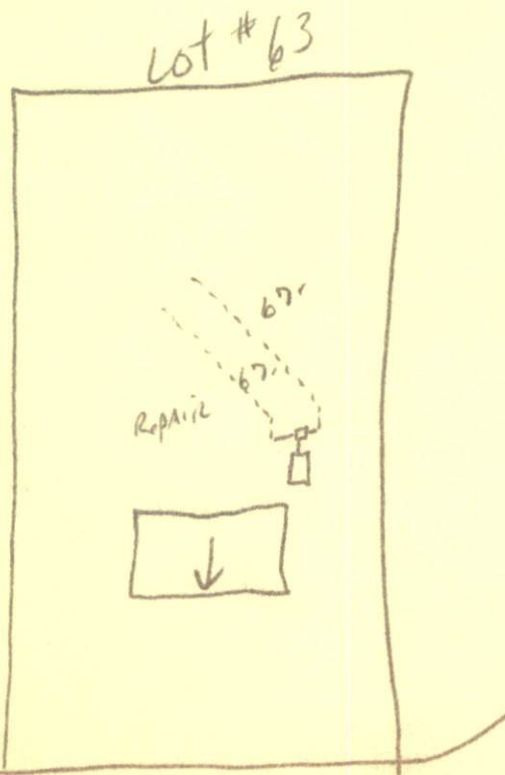
French Drain required: _____ Linear feet

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

Date: AUGUST 13 1994
Signed: Wayne Stewart B.S.

Environmental Health Specialist

VOID AFTER 5 YEARS



- L.T.A.R. .9

- Run Lines with contour