

Complaint # _____

SANITATION COMPLAINT

Date 1-5-2024

Phone# (910) (919) 709-3819

Name of Complainant _____ [] ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage backing up in tub and toilet. Water surfacing outside with a bad smell. Noticed when using the shower.

Directions to site of Complaint 75 Old Hundred Loop
Old Hundred MHP Lot 4
6896 NC 27 W Lillington Lot 1B CHG MHP

Owner of property site Jays Killington Properties LLC

Address and/or phone # 2709 Belmont View Loop Cary NC 27519-7725

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____
PROBLEM(S) FOUND _____

Correction of Problem

DATE _____
COMMENTS _____

Name _____ Date Secured _____

OPERATIONS PERMIT

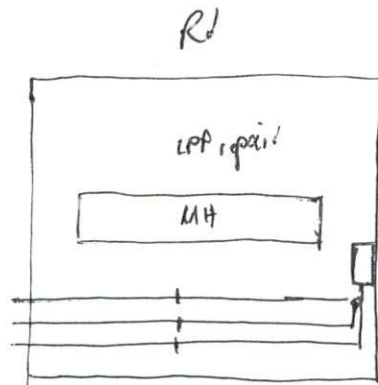
Name: (owner) Mike Ray ☒ New Installation ☒ Septic Tank
Property Location: SR# 27 ☐ Repairs ☒ Nitrification Line
Subdivision Old Hundred MHP Lot # 4
TAX ID# _____ Quadrant # _____
Contractor: Mike Ray Registration # _____
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: 50+ ft.

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

Type of system: ☒ Conventional ☐ Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 13262

Date: 2-2-98
Inspected by: Thomas J. Boye R.S.
Environmental Health Specialist



IMPROVEMENT PERMIT

No 13262

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) Mike RAY ☒ New Installation ☒ Septic Tank
 Property Location: SR# HWY 27 ☐ Repairs ☒ Nitrification Line

Subdivision Old Hundred MHP Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 10,263 sq ft

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50 min 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: 1000 gallons Pump Tank: _____ gallons

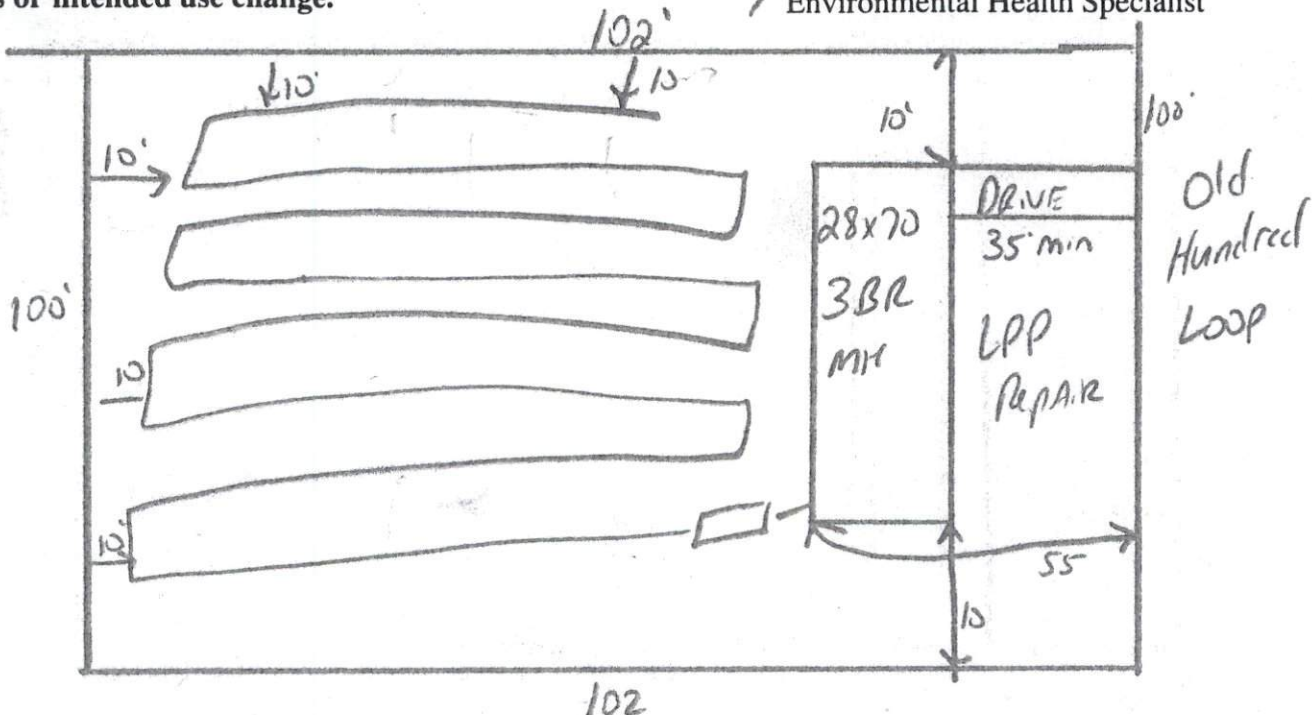
Subsurface Drainage Field No. of 1 exact length 300 width of 3 depth of 18
 ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 1-8-98

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

Signed: J. W. AM
 Environmental Health Specialist



STUB OUT Plumbing shallow 18" max Ditch Depth Follow contours
 Keep septic SYSTEM 20' from all other septic SYSTEM
 MAINTAIN all required setbacks

**HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13262. 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 Mike Ray

Name: _____ Telephone # _____

Address: _____

Property Location: SR # HWY 27 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision Old Hundred MHP Lot # ~~3~~ 4

Number of Bedrooms Proposed: 3 Lot size: 10,000 sq ft plus

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: _____ ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 300

Width of ditches 3 ft. Depth of ditches 18 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 1-8-98
1-7-98



Harnett County GIS

PID: 130528 0068 05

PIN: 0528-43-9981.000

Account Number: 1500042663

Owner: JAYS LILLINGTON PROPERTIES LLC

Mailing Address: 2709 BELMONT VIEW LOOP CARY, NC 27519-7725

Physical Address: 6896 NC 27 W LILLINGTON, NC 27546 ac

Description: LOT#1B CHG MHP LILLINGTON LLC MAP#2017-60

Surveyed/Deeded Acreage: 11.89

Calculated Acreage: 11.52

Deed Date: 1623301200000

Deed Book/Page: 3997 - 0505

Plat(Survey) Book/Page: 2017 - 60

Last Sale: 2021 - 6

Sale Price: \$1250000

Qualified Code: Q

Vacant or Improved: V

Transfer of Split: T

Actual Year Built:

Heated Area : SqFt

Building Count : 0

Building Value: \$0

Parcel Outbuilding Value: \$137480

Parcel Land Value: 792230

Market Value: \$929710

Deferred Value: \$0

Total Assessed Value: \$929710

Zoning: RA-30 - 11.52 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: Yes

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: Yes

Elementary School: Boone Trail Elementary

Middle School: Western Harnett Middle

High School: Western Harnett High

Fire Department: Flat Branch

EMS Department: Medic 2, D3 EMS

Law Enforcement: Harnett County Sheriff

Voter Precinct: Boone Trail

County Commissioner : Barbara McKoy

School Board Member: Sharon Gainey

