

Complaint # _____

SANITATION COMPLAINT

Date 5-7-2024

Phone# (910) (919) _____

Name of Complainant _____ ☒ ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Failing system. Sewage running on the ground in the backyard. Sewage can be seen from the road.

Directions to site of Complaint 1730 Old US 421 Lillington NC 27546
Lot #7 Tirzah

Owner of property site Joann Zapata Hernandez

Address and/or phone # 1730 Old US 421 Lillington NC 27546

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

Name _____ Date Secured _____

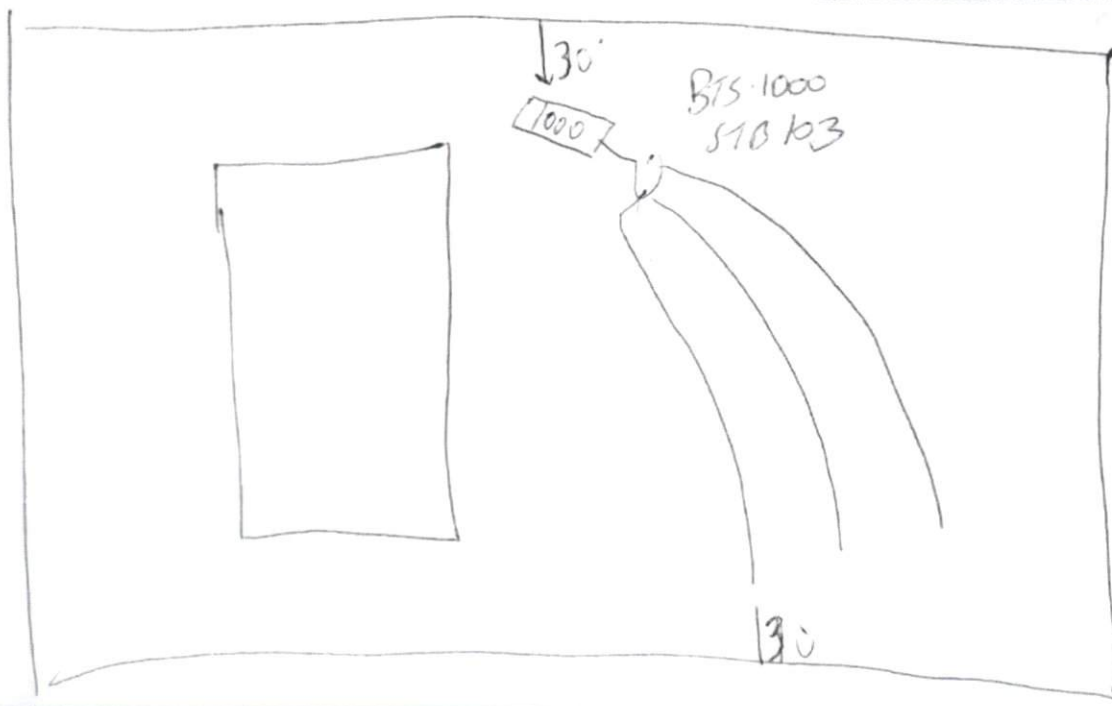
OPERATIONS PERMIT

Name: (owner) David Stephens ☒ New Installation ☒ Septic Tank
Property Location: SR# Old 421 N 1291 ☐ Repairs ☒ Nitrification Line
Subdivision Tierzah Village Lot # 7
TAX ID# _____ Quadrant # _____
Contractor: _____ Registration # _____
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: 50 min 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 70 ft. ditches 3 ft. ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 11201 Date: 4-2-97
Inspected by: J. W. AR
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) David Stephens ☒ New Installation ☒ Septic Tank
 Property Location: SR# Old 421 N (1291) ☐ Repairs ☒ Nitrification Line

Subdivision T. R. 2nd Village Lot # 7

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 0.812 ac.

Basement with Plumbing: ☐ Garage: ☒

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50 m 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 ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 24 in.

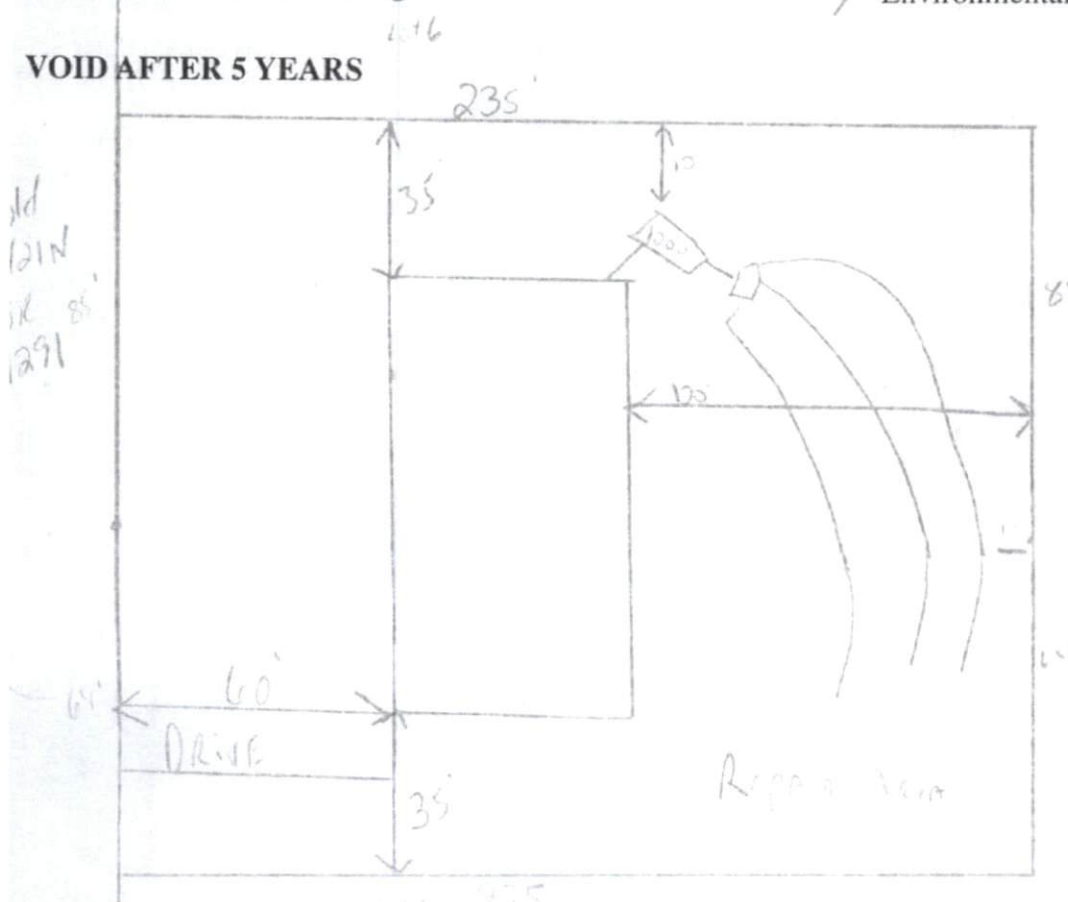
French Drain Required: _____ Linear feet

Date: 9-14-96

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

Signed: Jon Waters
 Environmental Health Specialist

VOID AFTER 5 YEARS



STUB out
 Plumbing
 Shallow 24"
 10' to 12' with
 Follow contours
 maintain all
 Required set Backs

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 # 11201. 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 DAVID STEPHENS

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1291 OK 421 N Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision TIRZAH VILLAGE Lot # 7

Number of Bedrooms Proposed: _____ Lot size: 812 AC

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 3 Length of lines 70

Width of ditches 3 ft. Depth of ditches 24 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: Joe W. [Signature] Date: 9-14-96



Harnett County GIS

PID: 100640 0109 38

PIN: 0640-40-3327.000

Account Number: 1500055653

Owner: HERNANDEZ JOANN ZAPATA

Mailing Address: 1730 OLD US 421 LILLINGTON, NC 27546

Physical Address: 1730 OLD US 421 LILLINGTON, NC 27546 ac

Description: LT#7 TIRZAH PH 4 P#D/147D150X235 .812

Surveyed/Deeded Acreage: 0.87

Calculated Acreage: 0.87

Deed Date: 1681189200000

Deed Book/Page: 4188 - 2048

Plat(Survey) Book/Page: -

Last Sale: 2023 - 4

Sale Price: \$0

Qualified Code: E

Vacant or Improved: I

Transfer of Split: T

Actual Year Built: 1998

Heated Area : 1303 SqFt

Building Count : 1

Building Value: \$161342

Parcel Outbuilding Value: \$0

Parcel Land Value: 24360

Market Value: \$185702

Deferred Value: \$0

Total Assessed Value: \$185702

Zoning: RA-30 - 0.87 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: No

Elementary School: Lillington-Shawtown Elementary

Middle School: Harnett Central Middle

High School: Harnett Central High

Fire Department: Summerville Bunnlevel

EMS Department: Medic 12, D12 EMS

Law Enforcement: Harnett County Sheriff

Voter Precinct: Boone Trail

County Commissioner : Lewis Weatherspoon

School Board Member: Bradley Abate

