

Complaint # Can 2503 w-1

SANITATION COMPLAINT

Date 3/13/25 Phone# (910) (919) 703-6218

Name of Complainant Tara Bennett [] ANONYMOUS

[] Sewer [] Solid Waste [] Other _____

Nature of Complaint New Driveway over septic system
Running a business out of the house.
To many people in house. Septic starting
to fail due to new driveway

Directions to site of Complaint _____

Owner of property site Jose + Rosa Olivares

Address and/or phone # 155 Wynnridge Dr Angier

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

Name _____ Date Secured _____

HTE# _____

H...ett County Department of Publ. Health

20874

PERMIT # 25145Operation Permit☒ New Installation ☐ Septic Tank ☒ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: SR 1006 OLD STAGS RDName: (owner) JOSE C OLIVASSUBDIVISION WYNNBRIDGELOT # 5

System Installer: _____

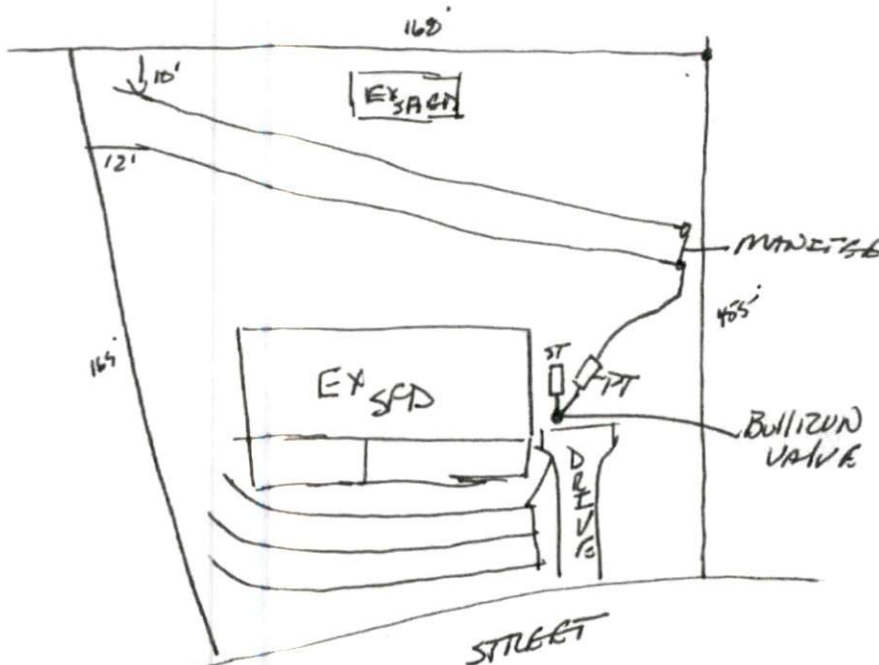
Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: 25% REDUCTION SYSTEM (MANHOLE) 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 installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



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 ☐ No ☐

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

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

Type of system: ☐ Conventional ☐ Other 25% REDUCTION SYSTEMSeptic Tank: EXISTING gallons Pump Tank: NEW 1000 gallons

Subsurface No. of exact length

width of

Drainage Field ditches 2 of each ditch 150 feetditches 3' 10" feet depth of ditches 18" inches

French Drain Required: _____ Linear feet

Authorized State Agent

James E. MarkhamDate 1-20-10

HTE# _____

Harnett County Department of Public Health

25145

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JOSE C OLIVARESPROPERTY LOCATION: SR1006 OLD STAGE RDNEW ☐ REPAIR ☒ EXPANSION ☐SUBDIVISION: WYNWEDGELOT # 5Type of Structure: EX SFD

Site Improvements required prior to Construction Authorization Issuance:

Proposed Wastewater System Type: MANHOLE TO 25% REDUCTIONProjected Daily Flow: 360 GPDNumber of bedrooms: 3 Number of Occupants: 6 maxBasement ☐ Yes ☒ NoPump Required: ☒ Yes ☐ No ☐ May be required based on final location and elevations of facilitiesType of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetPermit conditions: REAL FRONS TO BE LOCATED PRIOR TO REPAIR

Permit valid for:

30 DAYS☐ Five years☐ No expirationINSTALLAuthorized State Agent: James E. MontfordDate: 5-5-09

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: JOSE C OLIVARESPROPERTY LOCATION: SR1006 OLD STAGE RDFacility Type: EX SFD ☐ NewSUBDIVISION: WYNWEDGELOT # 5Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No☐ Expansion ☒ Repair

Type of Wastewater System**

(Initial) Wastewater Flow: 360 GPD(See note below, if applicable ☐)MANHOLE TO 25% REDUCTION (Repair)

Installation Requirements/Conditions

Septic Tank Size EXISTING gallonsPump Tank Size 1000 gallonsNumber of trenches 2Exact length of each trench 150 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18" max inches(Trench bottoms shall be level to $\pm 1/4"$

in all directions)

Trench Spacing: 9 Feet on CenterSoil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

6 inches below pipeAggregate Depth: 2 inches above pipe12 inches totalConditions: REAL FRONS TO BE LOCATED PRIOR TO REPAIR INSTALL

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____

Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

SEE ATTACHED SITE SKETCH

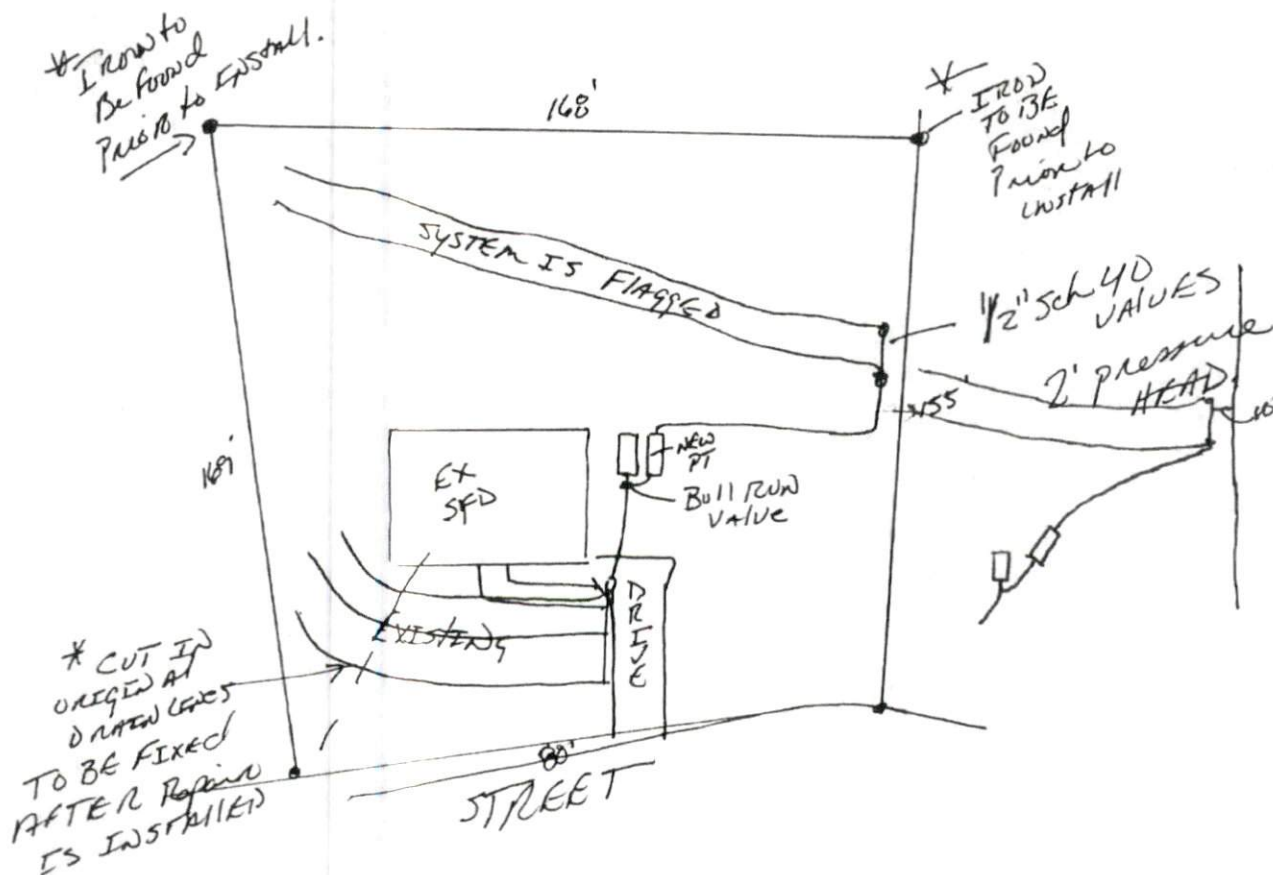
Authorized State Agent: James E. MontfordDate: 5-5-09Construction Authorization Expiration Date: 6-5-09

HTE#

Permit # 25145

Harnett County Department of Public Health Site Sketch

ISSUED TO: Jose C OLIVARES PROPERTY LOCATOR: 521006 OLD STAGE
SUBDIVISION Wynnridge LOT # 5
Authorized State Agent: James E. Manhart Date: 5-5-09





Harnett County GIS

PID: 07069207 0105 05

PIN: 0692-24-0206.000

Account Number: 1400000567

Owner: OLIVARES JOSE C & OLIVARES ROSA I

Mailing Address: 155 WYNNRIDGE DRIVE ANGIER, NC 27501-0000

Physical Address: 155 WYNNRIDGE DR ANGIER, NC 27501 ac

Description: LT#5 WYNNRIDGE S/D 0.58ACMAP 99/496

Surveyed/Deeded Acreage: 0.58

Calculated Acreage: 0.59

Deed Date:

Deed Book/Page: 1466 - 0278

Plat(Survey) Book/Page: 99 - 496

Last Sale: 2001 - 1

Sale Price: \$88000

Qualified Code:

Vacant or Improved: V

Transfer of Split:

Actual Year Built: 2000

Heated Area : 1092 SqFt

Building Count : 1

Building Value: \$102923

Parcel Outbuilding Value: \$750

Parcel Land Value: 38000

Market Value: \$141673

Deferred Value: \$0

Total Assessed Value: \$141673

Zoning: RA-30 - 0.59 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: Yes

Elementary School: Coats Elementary

Middle School: Coats-Erwin Middle

High School: Triton High

Fire Department: Coats Grove

EMS Department: Medic 6, D6 EMS

Law Enforcement: Harnett County Sheriff

Voter Precinct: Coats/Grove

County Commissioner : W Brooks Matthews

School Board Member: Bradley Abate

