

Complaint # _____

SANITATION COMPLAINT

Date August 6, 2025

Phone# (910) (919) (984) 202-3945

Name of Complainant _____ [] ANONYMOUS

☒ Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage smell from yard. Sewage
backing up in the tub and the toilets.

Directions to site of Complaint 55 Old Hundred Loop Lillington
(Lot #3) Lot #1B CHG MHP
- 6896 NC 27 W Lillington

Owner of property site Jays Lillington Properties LLC

Address and/or phone # 2709 Belmont View Loop Cary NC 27519-7125

Inspection Information

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

Correction of Problem

DATE _____
COMMENTS _____

Name _____ Date Secured _____



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:

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



OPERATIONS PERMIT

Name: (owner) Mike Ray ☒ New Installation ☒ Septic Tank
Property Location: SR# NC 27 ☐ Repairs ☒ Nitrification Line
Subdivision Old Hundred mhc Lot # 3
TAX ID# _____ Quadrant # _____
Contractor: Self 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

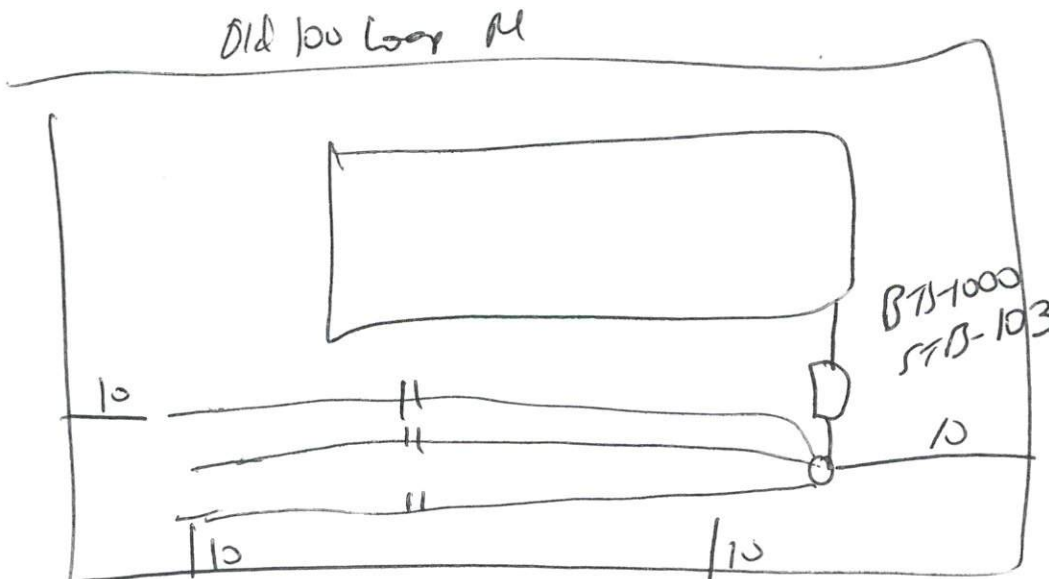
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain: _____ Linear feet

Date: 1-12-98

PERMIT NO. 13261

Inspected by: [Signature]
Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 13261

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 # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 10,263 ss 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 ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

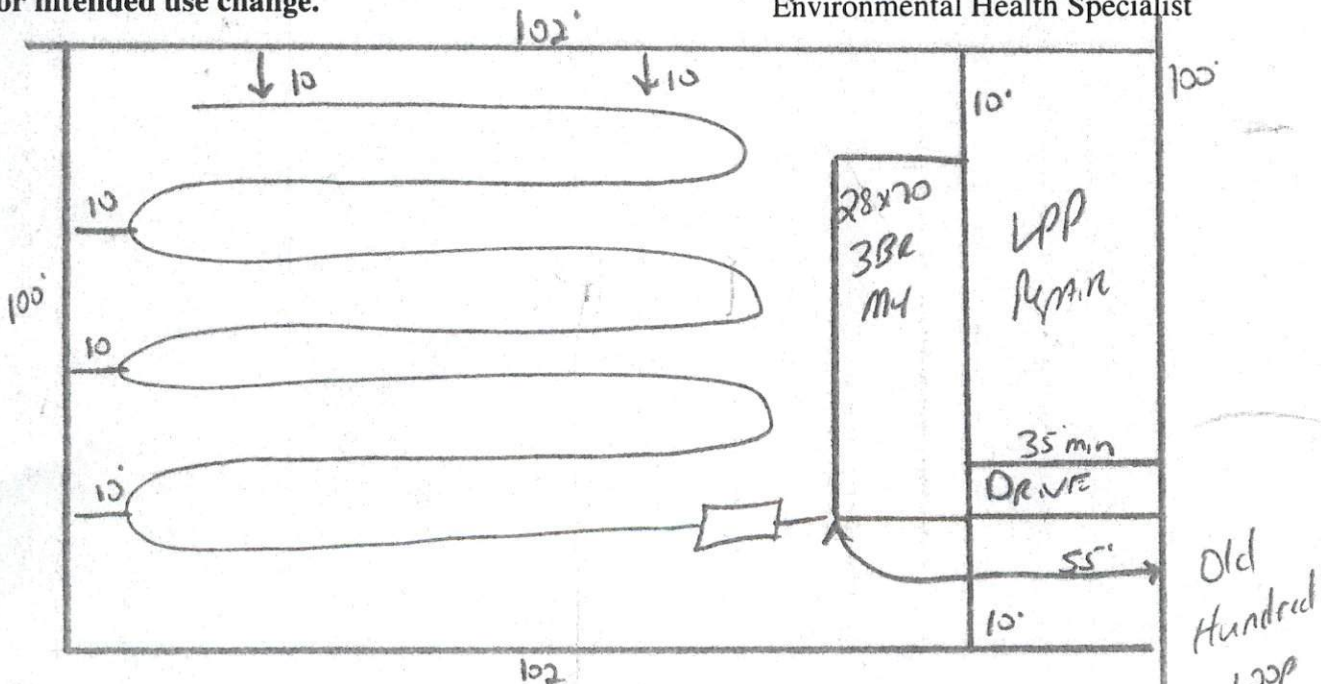
French Drain Required: _____ Linear feet

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

Date: 1-8-98

Signed: Joe Waters

Environmental Health Specialist



STUB OUT Plumbing shallow 18" max Ditch Depth
 Follow contours Keep septic SYSTEM 20' from ALL other
 septic SYSTEMS - 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 # 13261. 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 # ~~12~~ 3

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