

Complaint # leen2508403

SANITATION COMPLAINT

Date 8/11/25

Phone# (910) (919) _____

Name of Complainant _____ [] ANONYMOUS

[☒] Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage on ground running into
neighbors yard

Directions to site of Complaint _____

Owner of property site Pamela Brennan

Address and/or phone # 450 Falcon Rd Lillington

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

Name _____ Date Secured _____

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 9613

OPERATIONS PERMIT

Name: (owner) Country Fair Homes ☒ New Installation ☒ Septic Tank
Property Location: SR# 1239 ☐ Repairs ☒ Nitrification Line
Subdivision Mason Ridge Lot # 3
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

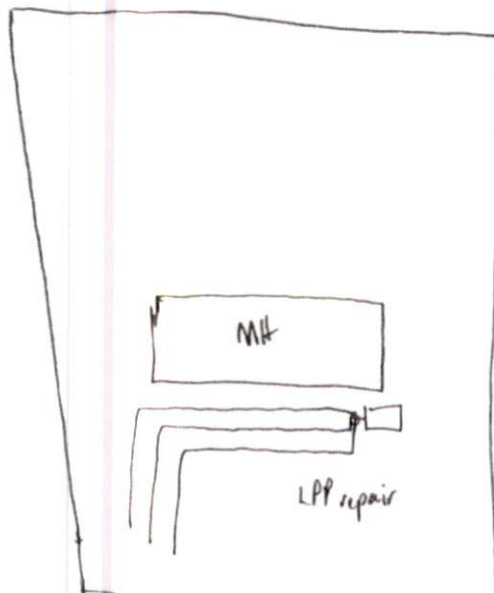
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 18-24 in.

French Drain: _____ Linear feet

Date: 11-15-96

PERMIT NO. 11505

Inspected by: Thomas J. Boyce R.S.
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) Coupling Fair Homes☒ New Installation ☒ Septic TankProperty Location: SR# 1239☐ Repairs ☒ Nitrification LineSubdivision Miller Ridge Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .67 acBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☐ Public ☐ CommunityDistance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

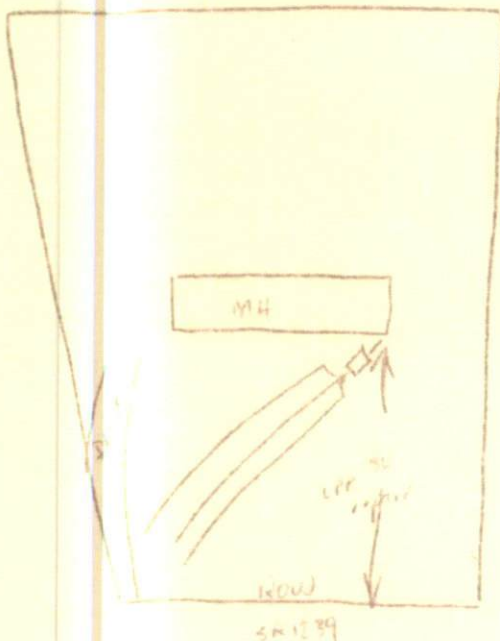
Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

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

Date: 10-31-96Signed: Thomas J. Boyer R.S.
Environmental Health Specialist

VOID AFTER 5 YEARS



maintain 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 # 11505. 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 Country Fair Homes

Name: Country Fair Homes Telephone # _____

Address: Rt 3 Box 678 Lillington NC

Property Location: SR # 1231 Road Name Falcon

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Mason Ridge Lot # 3

Number of Bedrooms Proposed: _____ Lot size: .67ac

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☐ Public ☒ Minimum Well Setback: 100 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 100

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: Thomas J. Boyle R.S. Date: 10-31-94



Harnett County GIS

PID: 139691 0154 18

PIN: 0519-42-9649.000

Account Number: 1500001773

Owner: BRENNAN PAMELA J

Mailing Address: 450 FALCON RD LILLINGTON, NC 27546-9201

Physical Address: 450 FALCON RD LILLINGTON, NC 27546 ac

Description: LOT#3 .67 ACS MASON RIDGEPC#F-644C

Surveyed/Deeded Acreage: 0.67

Calculated Acreage: 0.68

Deed Date:

Deed Book/Page: 2858 - 0143

Plat(Survey) Book/Page: -

Last Sale: 2011 - 4

Sale Price: \$60000

Qualified Code: Q

Vacant or Improved: I

Transfer of Split: T

Actual Year Built: 1995

Heated Area : 1296 SqFt

Building Count : 1

Building Value: \$29709

Parcel Outbuilding Value: \$310

Parcel Land Value: 21220

Market Value: \$51239

Deferred Value: \$0

Total Assessed Value: \$51239

Zoning: RA-30 - 0.68 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

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: Boone Trail

EMS Department: Medic 12, D12 EMS

Law Enforcement: Harnett County Sheriff

Voter Precinct: Boone Trail

County Commissioner : Duncan Edward Jagers

School Board Member: John Hair

