

Complaint # Ceeh2641u3

SANITATION COMPLAINT

Date 4-10-26 Phone# (910) (919) _____

Name of Complainant _____ ANONYMOUS

Sewer [] Solid Waste [] Other _____

Nature of Complaint Sewage on ground

Directions to site of Complaint off of Docs Rd

Owner of property site Christopher Turner

Address and/or phone # 315 Prairie Lane Lillington

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

Name _____ Date Secured _____

OPERATIONS PERMIT

Name: (owner) Gerald Wombic New Installation Septic Tank
 Property Location: SR# 1116 Repairs Nitrification Line
 Subdivision Fox Run Sect 3 Lot # 31
 TAX ID# _____ Quadrant # _____
 Contractor: J Knight 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

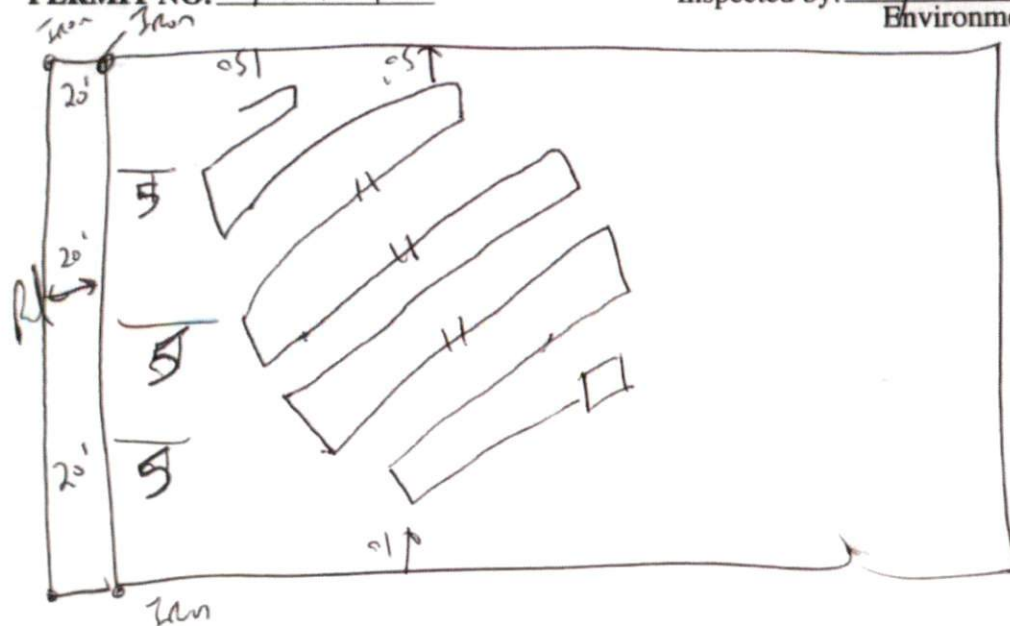
Subsurface Drainage Field No. of ditches 1 exact length 480 ft. width of 3 ft. depth of 18 in.

French Drain: _____ Linear feet

Date: 10-6-99

PERMIT NO. 16407

Inspected by: Jon W. Law
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) Gerald Womble New Installation Septic Tank
Property Location: SR# 1116 Repairs Nitrification Line

Subdivision Fox Run Sect 3 Lot # 31

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x50) Lot Size: 1.5 AC

Basement with Plumbing: Garage: NOTE change in house location

Water Supply: Well Public Community Location

Distance From Well: 50 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 480 ft. width of ditches 3 ft. depth of ditches 18 in.

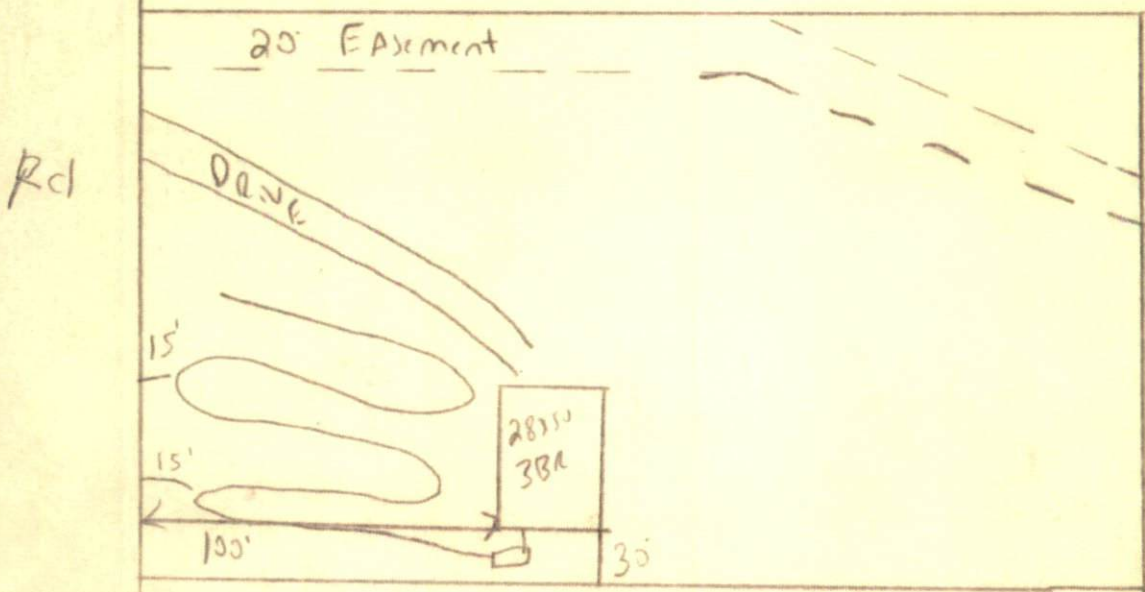
French Drain Required: _____ Linear feet

Date: 8-25-99

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

Signed: [Signature]
Environmental Health Specialist

MUST meet on site for Final Layout
NOTE house must be 100' from rd
Do not drive or park on septic system
maintain all set backs
MUST use filter & markers



HARNETT COUNTY HEALTH DEPARTMENT
AU...ORIZATION TO CO...TRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16407. 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 Gerald Womble

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1116 Road Name Doc's

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision FOX Run Sect. 3 Lot # 31

Number of Bedrooms Proposed: 3 (28x50) Lot size: 1.5

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 400

Width of ditches 3 ft. Depth of ditches 18 in x 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: 8-20-99



Harnett County GIS

PID: 030507 0067 30

PIN: 9597-93-9236.000

Account Number: 1500003736

Owner: TURNER CHRISTOPHER J

Mailing Address: 315 PRAIRIE LANE LILLINGTON, NC 27546

Physical Address: 315 PRAIRIE LN LILLINGTON, NC 27546 ac

Description: LOT#31 FOX RUN S/D SEC 3 MAP#99-312

Surveyed/Deeded Acreage: 1.5

Calculated Acreage: 1.41

Deed Date:

Deed Book/Page: 2932 - 0516

Plat(Survey) Book/Page: 99 - 312

Last Sale: 2011 - 11

Sale Price: \$100000

Qualified Code: Y

Vacant or Improved:

Transfer of Split: T

Actual Year Built: 2002

Heated Area : 1944 SqFt

Building Count : 1

Building Value: \$177305

Parcel Outbuilding Value: \$15520

Parcel Land Value: 43010

Market Value: \$235835

Deferred Value: \$0

Total Assessed Value: \$235835

Zoning: RA-20R - 1.41 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: Yes

Elementary School: South Harnett Elementary

Middle School: Western Harnett Middle

High School: Western Harnett High

Fire Department: Benhaven

EMS Department: Medic 13, D13 EMS, D13 FR

Law Enforcement: Harnett County Sheriff

Voter Precinct: Barbecue/Benhaven

County Commissioner : Barbara McKoy

School Board Member: Sharon Gainey

