

Complaint # Ceen26 ⁰⁶ ⁰⁶

SANITATION COMPLAINT

Date 6/5/26

Phone# (910) (919) 820-4483

Name of Complainant _____ [] ANONYMOUS

[Sewer [] Solid Waste [] Other _____

Nature of Complaint Motor home smell of sewage
Sewage on the ground

Directions to site of Complaint _____

Owner of property site Procoro Realista

Address and/or phone # 3393 Abattoir Rd Angier

Inspection Information

DATE _____ TIME _____ PERFORMED BY _____

PROBLEM(S) FOUND _____

Correction of Problem

DATE _____

COMMENTS _____

Name _____ Date Secured _____



Harnett County GIS

PID: 071601 0100

PIN: 1602-30-6652.000

Account Number: 1500036983

Owner: REALISTA PROCORO TELLEZ

Mailing Address: 3393 ABATTOIR RD ANGIER, NC 27501

Physical Address: 3393 ABATTOIR RD ANGIER, NC 27501 ac

Description: 1.26 AC CUR & TURL TR#10 PC#C/112-D

Surveyed/Deeded Acreage: 1.26

Calculated Acreage: 1.2

Deed Date:

Deed Book/Page: 3831 - 0755

Plat(Survey) Book/Page: PC#C - 112D

Last Sale: 2020 - 6

Sale Price: \$0

Qualified Code: C

Vacant or Improved:

Transfer of Split: T

Actual Year Built: 1972

Heated Area : 1344 SqFt

Building Count : 2

Building Value: \$202759

Parcel Outbuilding Value: \$6760

Parcel Land Value: 77910

Market Value: \$287429

Deferred Value: \$0

Total Assessed Value: \$287429

Zoning: RA-30 - 1.2 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

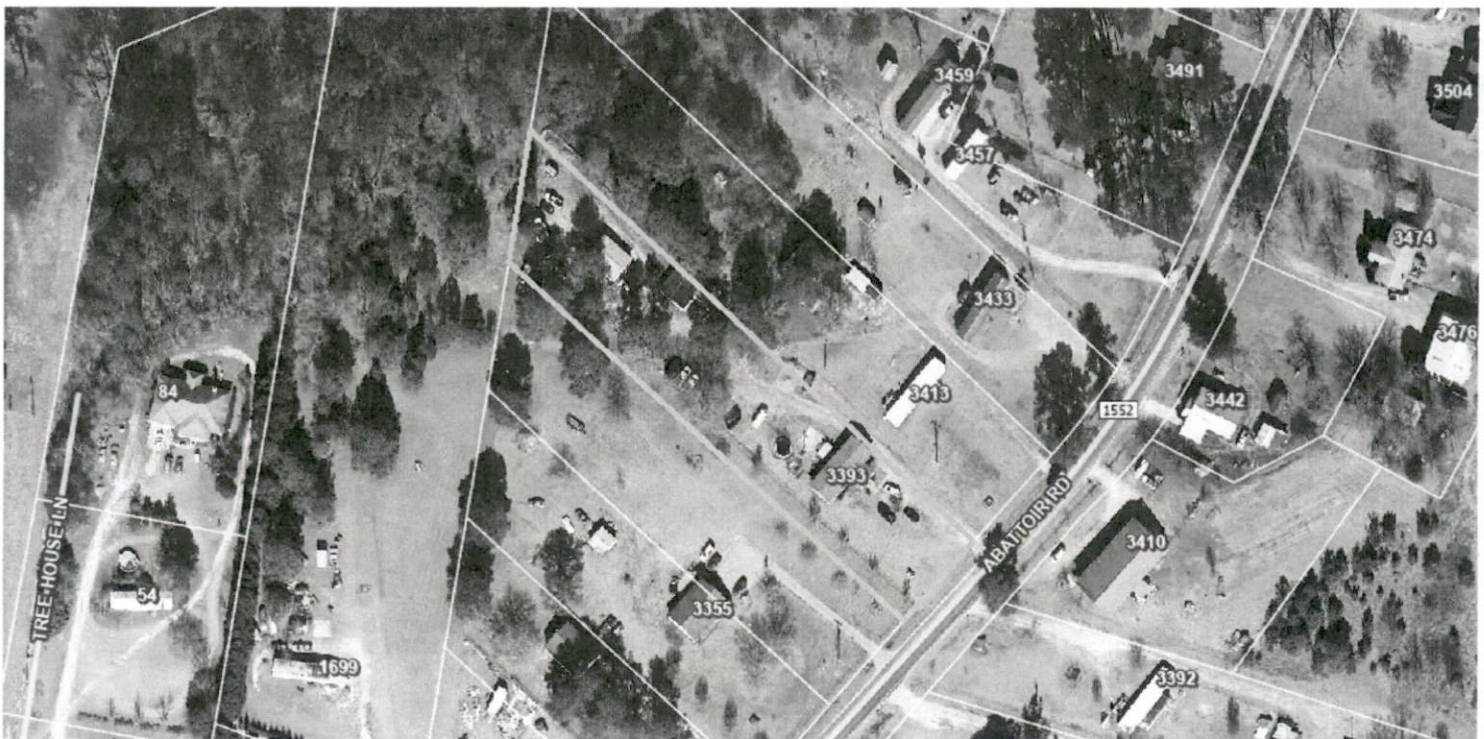
EMS Department: Medic 6, D6 EMS

Law Enforcement: Harnett County Sheriff

Voter Precinct: Coats/Grove

County Commissioner : W Brooks Matthews

School Board Member: Bradley Abate



HTE# Repair

Halifax County Department of Public Health

23360

PERMIT # 27964

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 34553 Abattoir RD

Name: (owner) Ezequiel Antonio Baltazar Benitez SUBDIVISION _____ LOT # _____

System Installer: Ricky Holland Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

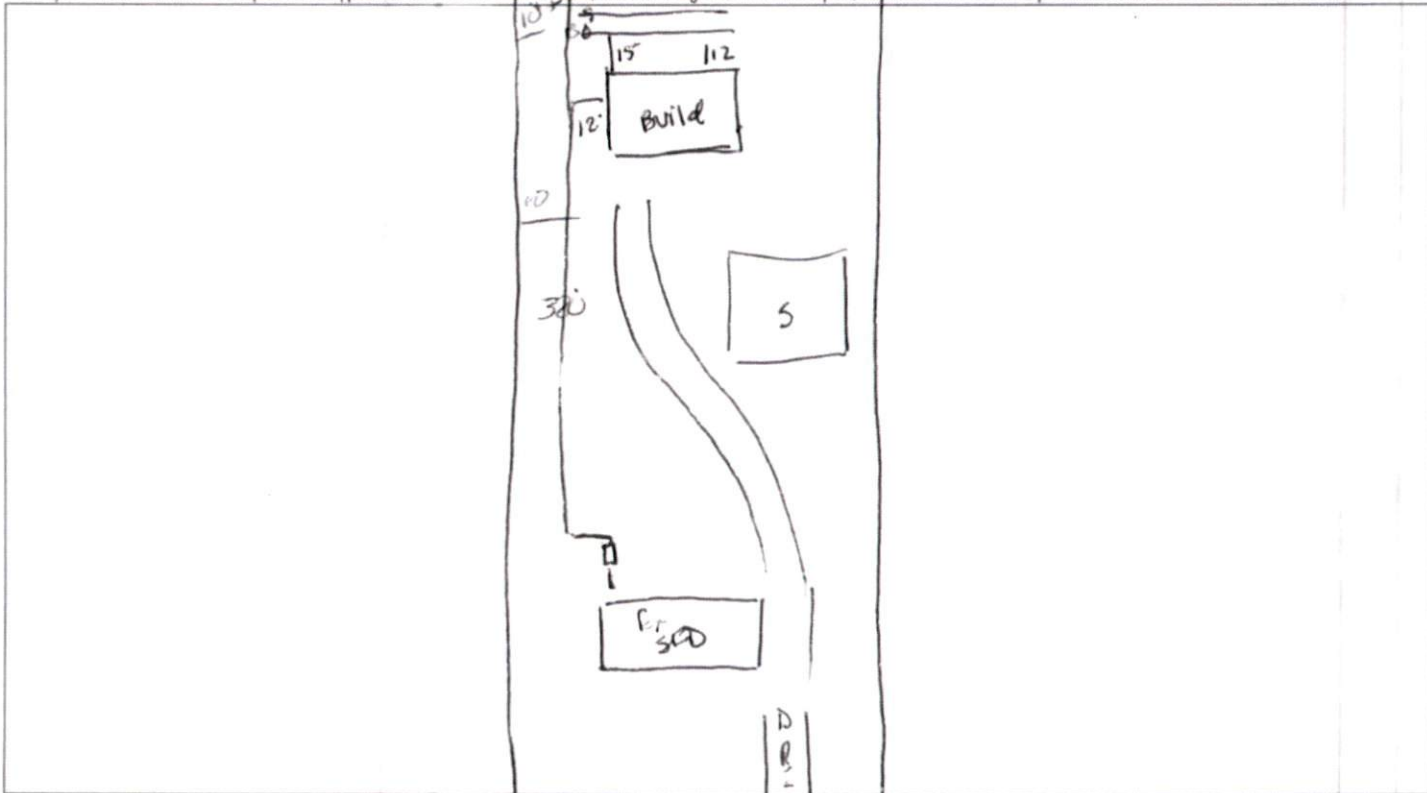
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% REDUCED SYSTEM TYPE III 6 CELL 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: 34553 Abattoir RD
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other 25% REDUCED Septic Tank: 600 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 50 feet ditches 36 feet ditches 36 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Marchant

Date 9-19-14

HTE# 08-5-19383

Hammett County Department of Public Health 19937

PERMIT # 24528

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: ABRAHAM RD

Name: (owner) RAYMOND COATS JR SUBDIVISION CURRY/TULLINGTON LOT # 10

System Installer: OTIS STRICKLAND Registration # _____

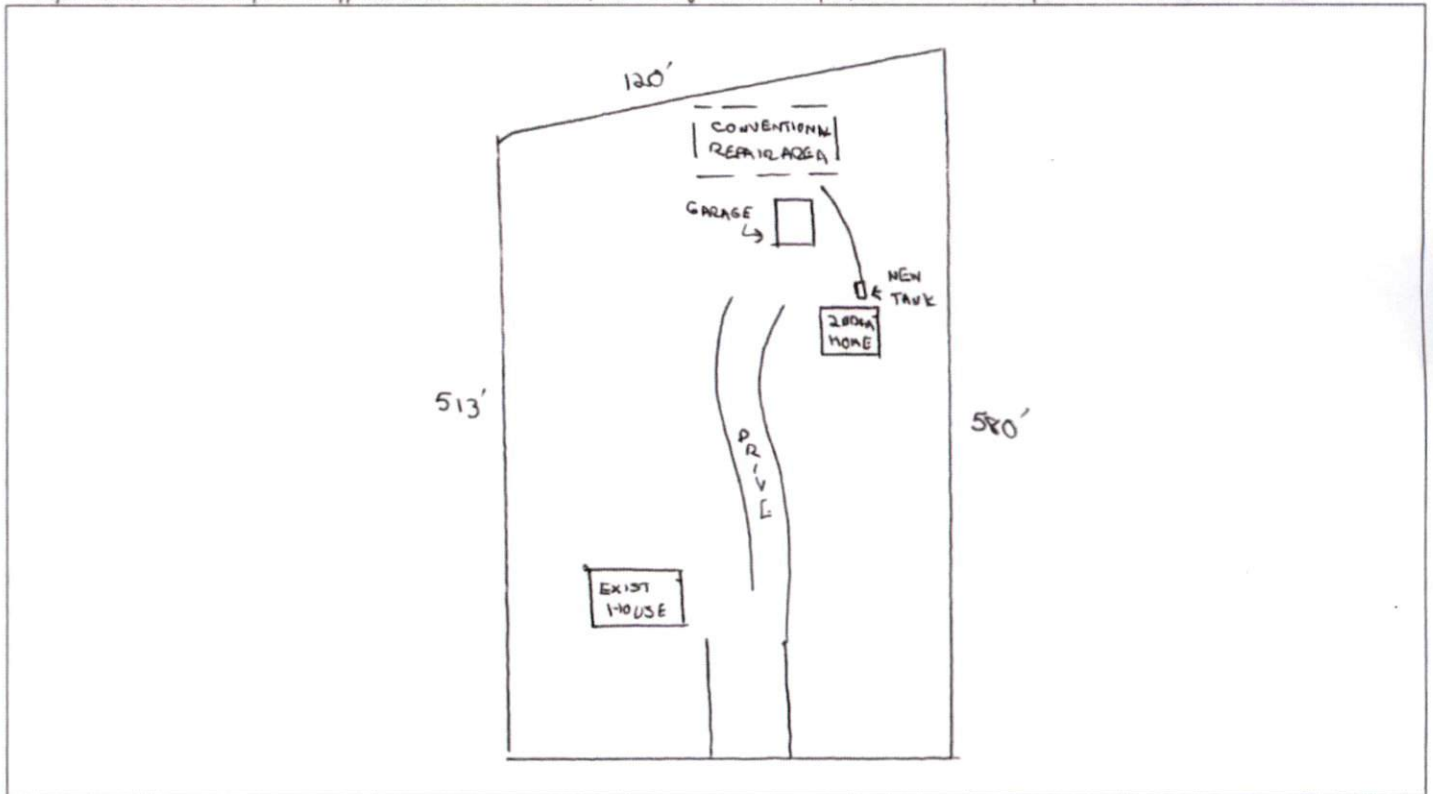
Basement with plumbing: Garage Number of Bedrooms 2
Type of Water Supply: Community Public Well Distance from well 50 feet

System Type: IIb (EXISTING) 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 _____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of _____ exact length EXISTING width of _____ depth of _____
 Drainage Field _____ ditches _____ of each ditch 20 feet ditches _____ feet ditches _____ inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 2/25/08