nitial Application Date: 3-13-01 Replication

Application #01-0-5-1534

COUNTY OF HARNETT LAND USE APPLICATION

Planning Department

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793

City: Lillington State: NC Zip: 27546 Phone #: 814-3964
City: L'. 11, ng fon State: NC Zip: 27546 Phone #: 814-3964
APPLICANT: Spieley Redeuns Address: _ Same above 11
City: State: Zip: Phone #:
PROPERTY LOCATION: SR #: 27 SR Name: NC27
Parcel: D3-9576-02 -0090-06 PIN: 0517-08-6492
Zoning: RADOR Subdivision: Longher Lot #: 38 Lot Size: 1.03AC
Flood Plain: Panel: 0090 Watershee NA Deed Book/Page: 0P Plat Book/Page: 2000-359
That Book I age
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 West pass Nursery Rd. pass
South River Elec. Bor on Right top of hill Lough Leaf Pores
take first Rd to right. Date Top tet Circle op to end hat
88 # tel bloom, no
PROPOSED USE:
PROPOSED USE: Basement Garage Deck Multi-Family Dwelling No. Units No. Bedrooms
(
(A Manufactured Home (Size IV v lox) # of Redrooms
(V) Manufactured Home (Size 1-4 x 4) # of Bedfootins X - Darage Deck
Comments:
Comments:
Comments: (
Comments: () Number of persons per household
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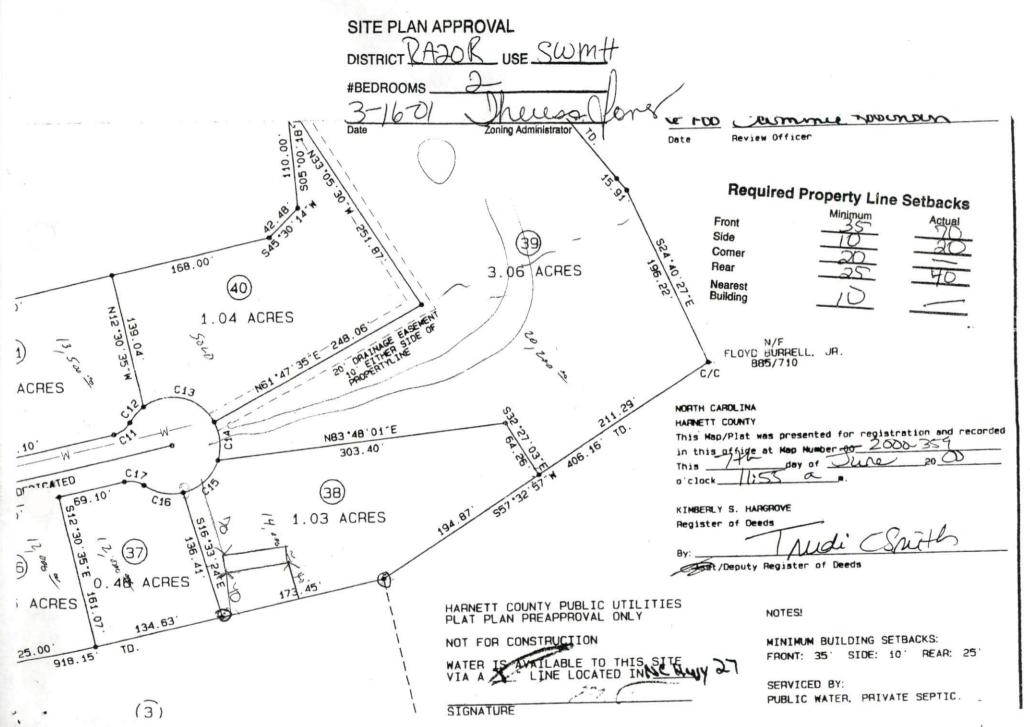
plans submitted. Thereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Miley Beduni

3-16-01

Signature of Applicant

Date



11-100

RNETT COUNTY HEALTH DEPA MENT Nº 18295

IMPROVEMENT PEHIVIT

County Board of Health as follows 6 it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construcof any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit

of the Harnett County Health Department."	
vame: (owner) Thirky Redwing	New Installation Septic Tank
Property Location: SR# NC27	Repairs Nitrification Line
Subdivision Longleaf Acres	Lot #_38
Tax ID#	Ouadrant #
Number of Bedrooms Proposed: 2 (14 x 65)	ot Size: 1.33 AC
	MUST meet ansite Before
	Installing System -
Distance From Well: 55 ft.	9 9
Following is the minimum specifications for sewage disposal sys final approval.	tem on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: 1000 gallons VODIA	amp Tank: gallons
Subsurface No. of exact length of each ditch	width of depth of 18 in.
French Drain Required: Linear feet	
Date:	04-09-01
This permit is subject to revocation if site Signed:	Jos WAR
Meet much programs / AREA for	Environmental Health Specialist
AMA is cleared STITES	57UB out Plumbing
Final Lagart may	
Change Change	194 Shallow
C V d A T	18" Ditch Apoth,
	- Allendan
	All ret Backs
//	And RRUE
37/100	
Was / 100	Septie system
- O st.	Septic system
1000	Kyp. 173
Mps.n 30r	
0 1 1	
(KOR) 65'	Pe
Inon 121	

131.

AU' LORIZATION TO COLL TRUCT

darnett County Health Department Improven	t a wastewater system to the specifications described nent Permit # \(\frac{1229}{200} \). This authorization ears from the date of issuance. This authorization d use change.	
Owner or Authorized Agent Shirty Redwine		
Name:	Telephone # 814 - 3964	
Address:		
Property Location: SR# NC27	Road Name	
New Installation Repair Se	ptic Tank Nitrification Lines	
Subdivision Longleaf Acres	Lot#_38	
Number of Bedrooms Proposed: $3(14 \times 65)$	Lot size: 1.03 AC	
Basement With Plumbing	Without Plumbing	
Water Supply: Well Public	_ Minimum Well Setback: ft.	
Type of System: Conventional Other		
Tank Volume: Septic Tank gallons	Pump Chamber gallons	
Nitrification Fiel	d Specifications 400	
Number of fields Number of Lines per Field Length of lines Width of ditches ft. Depth of ditches inches inches C inches		
Width of ditches ft. Depth of ditches	18 inches E C E	
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 Depar		
Name: for WARI	Date: 04-09-01	
(Revised 2/06) System of the		