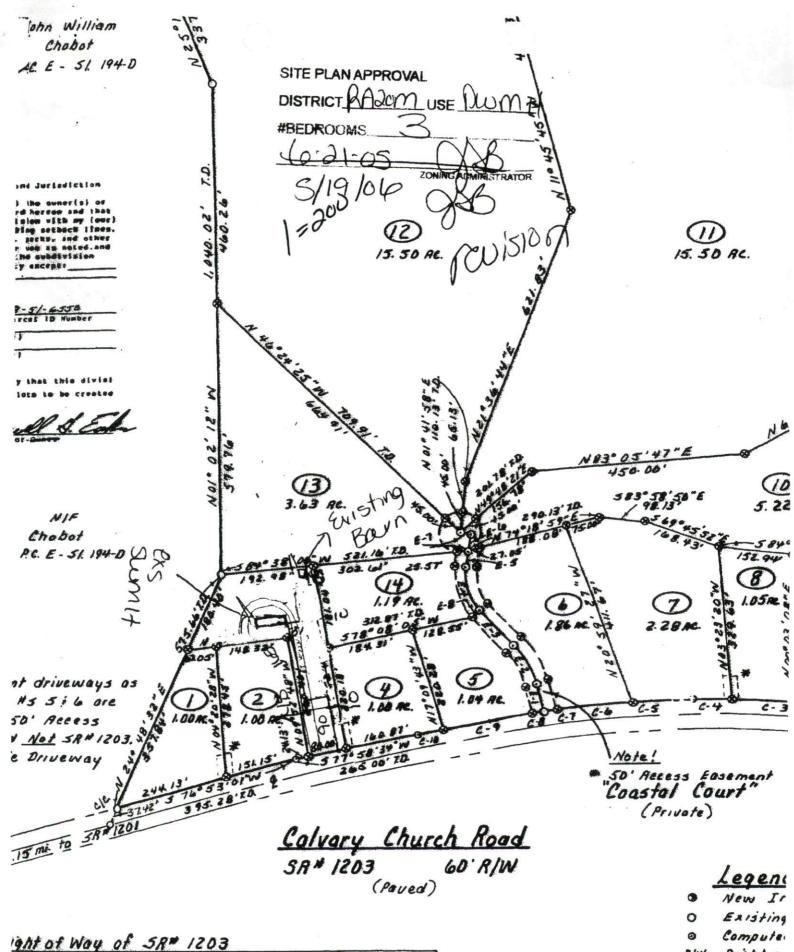
ENV. Rec' 4 5/22/06

COUNTY OF HARNETT AND USE APPLICATION  COUNTY OF HARNETT AND USE APPLICATION  Prone: (910) 893-4799  Prone: (910) 893-479  Prone: (910	Initial Application Date: 6/2+105	5/19/00 DW	Application # 05	50012437R
City: Sant-Ord State: I Zip: 37332, Phone #: 919 - 721 - 25 49  APPLICANT: In thory 1. We best To Mailing Address: ID 5 to Californ Church Rot.  City: Sant-Ord State: II Zip: 27322, Phone #: 919 - 721 - 25 49  PROPERTY LOCATION: SR #: ID 3 SR Name: Californ Church Rot.  Address: ID 5 to Californ Church Rot.  Address: ID 5 to Californ Church Rot.  Parcei: O9 9 5 Californ Church Rot.  Parcei: O9 9 5 Californ Church Rot.  Parcei: O9 9 5 Californ Church Rot.  Property Church Rot.  State: II Zip: 27325, phone #: 919 - 721 - 25 49  Lot Size: I 33  Lot Size: I 34  Lo	Central Permitting 102 E. Front	COUNTY OF HARNETT LAND US Street, Lillington, NC 27546	E APPLICATION / 20 Phone: (910) 893-4759	02013 Fax: (910) 893-2793
Address: 105 % Calvary Church Rd. Parcei: 09950 0075 0 PIN: 9508-50 10325.000  DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 NTO CALVARY CHURCH RD  PROPOSED USE:  Sq. Family Dwelling (Size x # # of Bedrooms # Baths Basement (www bath) Garage Deck  Multi-Family Dwelling No. Units No. Bedrooms J Garage Deck X Loo Future  Number of persons per household Type  Industry Sq. Ft. Retail Space Type  Industry Sq. Ft. Retail Space Type  Additional Information: Water Supply: County Dilding (Size x # Rooms Use Additional Information:  Water Supply: County Well (No. dwellings Deck Dilding (Size x Use Dilding (Size x Use Deck Dilding Size Swape): Linking Belliding (Size x Use Deck Dilding Size Swape): Linking Belliding (Size x Use Deck Dilding Size Swape): Linking Septic Tank Deck Dilding Size Swape Supply: Linking Septic Tank Deck Dilding Size Dil	City: Sanford Applicant: Anthony A. Webste	State: 1 C zip: 27	332 Phone #: 919 - 721/ :: 1058 Calvary	-2549 Church Rd.
Sg. Family Dwelling (Size_x_)# of Bedrooms_# Baths_Basement (w/wo bath)Garage Deck	Address: 1058 Calvary Ch Parcel: 099547 0075 10 Zoning: KAZOM Subdivision: Line De Flood Plain: X Panel: 75 W DIRECTIONS TO THE PROPERTY FROM LILLING	vatershed: NQ Deed Book/F	8-50-1,325.000 Lot#: 3 Page: 1940/958 Plat 2-87 N TO CALUA	Lot Size: 1.33 Book/Page: 141/384
Number of persons per household  Business Sq. Ft. Retail Space Type Industry Sq. Ft. Type Church Seating Capacity Kitchen Home Occupation (Size x ) #Rooms Additional Information: Accessory Building (Size x ) Use Additional Information: Accessory Building (Size x ) Use Additional Information: Water Supply: County Well (No. dwellings ) Other Environmental Health Site Visit Date: Sewage Supply: New Septic Tank   Existing Septic Tank   County Sewer   Other Erosion & Sedimentation Control Plan Required? YES NO Structures on this tract of land: Single family dwellings   Manufactured homes   Minimum   Manufactured homes	□ Sg. Family Dwelling (Sizex) # of Be			
Industry Sq. Ft.	Number of persons per household		Deck_ 8 × 60 Fu	ture)
Addition to Existing Building (Size x Use   Additional Information:   Additional Information Information   Additional Information   Additiona	□ Industry Sq. Ft K □ Church Seating Capacity K □ Home Occupation (Size x) # I	Type		per
Water Supply: ( County	☐ Addition to Existing Building (Sizex			
Required Residential Property Line Setbacks:    Minimum   Actual	Water Supply: ( ) County ( ) Well (No. dw Sewage Supply: ( ) New Septic Tank ( ) Existing Erosion & Sedimentation Control Plan Required? YE Property owner of this tract of land own land that control	g Septic Tank () County Sewer ES NO tains a manufactured home w/in five	() Other	on same property
De l'appropriée de la contraction de l'appropriée de l'appropr	Required Residential Property Line Setbacks:	Minimum	Actual prop	DUMH
De l'appropriée de la contraction de l'appropriée de l'appropr			50 /	was form
De l'appropriée de la contraction de l'appropriée de l'appropr	Co	orner	37-165	15 We FOMM
Signature of Owner of Owner's Agent  Date	plans submitted. I hereby swear that the foregoing st		the best of my knowledge.	rk and the specifications or

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION



'Anf of Way of Sk" 1203
'Ongent Are Chord Brng. Chord Dist.
'50.12' 300.08' N 79"39"44"W 300.00'
30.13 60.26' N 81"48"43"W 6026'
66.29' 132.54' N 87"56'16 W 132.52'

O Existing
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## HARI T COUNTY HEALTH DEPARTMI

## HTE OF 500 12437 IMPROVEMENT PERMIT 22144

Be it ordained by the Harnett County Board of Health as follows: tion of any building at which a septic tank system is to be used for disposal from the Harnett County Health Department."	of sewage without first obta	aining a written permit
Name: (owner) Anthony Webster	New Installation	Septic Tank
Name: (owner) Anthony Webster  Property Location: SR# 1203	_ Repairs	Nitrification Line
Subdivision Lineberger	Lot #	3
Number of Bedrooms Proposed: 3(28 x 63) Lot S	Quadrant #	
Number of Bedrooms Proposed: 3(28 x 63) Lot S	ize: 1,37ac	
Basement with Plumbing:		
Water Supply:		
Distance From Well: 50 ft.		
Following is the minimum specifications for sewage disposal sy to final approval.		
Type of system:		
Size of tank: Septic Tank: 100 gallons Pump Subsurface No. of exact length of each ditch 300 ft.	Tank: 1000 gallons	
Subsurface No. of exact length	width of	depth of /,,
Drainage Field ditches of each ditch 30 ft.	ditches 7 ft.	ditches 18 in.
French Drain Required: Linear feet 25% (4)	cition SYSTEN	108
Date	7-17-55 7.	7-17-05
plane or intended use change	ed: Jok p	Ja Ld
Must Meet On site Before  To stalling  Maintain All Set Backs	Environmental Ho	earth Specialist
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1 2/13 (A1111)		59 59 TEN
7) MAINTAIN All SETDACKS	148 F	3 51"
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87		

## HARNETT COUNTY DEPARTMENT OF P LIC HEALTH A HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 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.			
Anthon Webster			
Name 0 Telephone #			
Address			
1257			
Property Location SR# Road Name			
Lineber Ser 3 3 (28 X60) 13291 Subdivision Lot # Bedrooms Proposed Lot Size			
Subdivision Cot # # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
New Installation [ ] Repair Septic Tank Nitrification Lines			
[ ] Conventional Mother 25% Reduction SYSTEM			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50 Ft.			
Septic Tank   OOO gal Pump Chamber   OOO gal			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines Ft.			
Width of ditches ft. Depth of ditches inches of 25% Reduction SYSTEM			
French Drain: Linear feet required Depth of gravel			
The second secon			
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.			
Un West RS 7-17-05			
Signature of Authorized Agent for Harnett County  Date			

13.5.8 JUST 18.5.14