

SCANNED

Initial Application Date: ~~6-26-08~~ ~~6-28-08~~ 7-8-08

DATE

Application #

0850020408R

CU

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Phone: (910) 893-7525

Fax: (910) 893-2793

www.harnett.org/permits

LANDOWNER:

Holly Wells / Jeff Brison

Mailing Address:

194 Pitt Rd

City: Erwin

State: NC

Zip: 28339

Home #:

Contact #:

APPLICANT: Elbert Maynard

Mailing Address:

City: Dann

State: NC

Zip: 28339

Home #:

910-980-2165

Contact #:

Elbert Maynard

CONTACT NAME APPLYING IN OFFICE:

Elbert Maynard

Phone #:

910-980-2165

PROPERTY LOCATION:

Subdivision:

Holly Wells

#:

1

Acreage:

0.53182

State Road #:

State Road Name:

Pitt Road

Map Book&Page:

2004/1240

Parcel:

12 0576 0021 33

PIN:

0576-71-9885,000

Zoning:

None

Flood Zone:

X

Watershed:

N/A

Deed Book&Page:

OTI

Power Company:

Progress Energy

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

TAKE 401 S. towards Fayetteville

After you pass Bunnlevel go about 6 miles. After passing  
Wha In pion Mobile Home start looking for road to left off 401 S  
named Byrds Mill Road. Turn left go 1 mile cross Cullington Rd.  
Turn next dirt road to Log Cabin called Pitt Road. Go pass 1st single wide on  
right.

PROPOSED USE:

(Include Bonus room as a bedroom if it has a closet)

Circle:

- SFD (Size     x    ) # Bedrooms     # Baths     Basement (w/wo bath)     Garage     Deck     Crawl Space / Slab
- Mod (Size     x    ) # Bedrooms     # Baths     Basement (w/wo bath)     Garage     Site Built Deck     ON Frame / OFF
- Manufactured Home:  SW     DW     TW (Size 14 x 60) # Bedrooms 2 Garage     (site built?    ) Deck     (site built?    )
- Duplex (Size     x    ) No. Buildings     No. Bedrooms/Unit
- Home Occupation # Rooms     Use     Hours of Operation:     #Employees
- Addition/Accessory/Other (Size     x    ) Use     Closets in addition (   )yes (   )no

\*Homes with Progress Energy as service provider need to supply premise number from Progress Energy

Water Supply:  County  Well (No. dwellings    ) **MUST** have operable water before final

Sewage Supply:  New Septic Tank (Complete **New Tank Checklist**)  Existing Septic Tank  County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above?  YES  NO

Structures (existing or proposed): Single family dwellings     Manufactured Homes     Other (specify)    

Required Residential Property Line Setbacks:

Comments:

	Minimum	Actual
Front	<u>35</u>	<u>45</u>
Rear	<u>25</u>	<u>100</u>
Closest Side	<u>10</u>	<u>10</u>
Sidestreet/corner lot	<u>   </u>	<u>   </u>
Nearest Building on same lot	<u>6</u>	<u>   </u>

proposed

-7-8-08 custom pay \$150.00 Diff for new tank  
conf # 092330

-8-27-08 custom pay \$250.00 New Well  
conf # 094011 well 8-27-08

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Elbert Maynard  
Signature of Owner or Owner's Agent

6-27-08  
Date

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY



NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

- Environmental Health New Septic Systems Test** Code 800
  - Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
  - Place "orange house corner flags" at each corner of the structure site. Use additional flags to outline driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
  - Place Environmental Health "orange" card in location that is easily viewed from road.
  - If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. *Do not grade property.*
  - Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
  - After preparing proposed site call the voice permitting system at 910-893-7525 and use code **800** (after selecting notification permit if multiple permits) for Environmental Health confirmation. **Please note confirmation number given at end of recording for proof of request.**
  - Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for permits.
- Environmental Health Existing Tank Inspections** Code 800
  - Place Environmental Health "orange" card in location that is easily viewed from road. Follow above instructions for placing flags on property.
  - Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
  - After preparing trapdoor call the voice permitting system at 910-893-7525 & select notification permit if multiple permits, then use code **800** for Environmental Health confirmation. **Please note confirmation number given at end of recording for proof of request.**
  - Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted     
  Innovative     
  Conventional     
  Any  
 Alternative     
  Other 1000 gallon

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES  NO Does the site contain any Jurisdictional Wetlands?
- YES  NO Do you plan to have an irrigation system now or in the future?
- YES  NO Does or will the building contain any drains? Please explain. Drain from mobile to sewer
- YES  NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES  NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES  NO Is the site subject to approval by any other Public Agency?
- YES  NO Are there any easements or Right of Ways on this property?
- YES  NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

NAME: \_\_\_\_\_

*Conf # 092030*

APPLICATION #: \_\_\_\_\_

*0850020408*

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*X*

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  Any  
 Alternative     
  Other \_\_\_\_\_

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 YES  NO Is any wastewater going to be generated on the site other than domestic sewage?  
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**I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

\_\_\_\_\_  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

*Robert Maynor*

*6-27-08*  
DATE

Conf # 094011

08.50020408

# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

Elbert Maynard (910) 980 2145  
 Applicant/Owner Phone Number  
1308 W Blackhawk Rd. Dunn, NC 28334  
 Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

**Contact information:** Environmental Health Division - 910-893-7547

### PROPERTY INFORMATION

#### Proposed use of well

Single-Family  Multifamily  Church  Restaurant  Business  Irrigation

Street Address Subdivision/Lot # Hollywell #1  
 Parcel # 12-0576-0021-33 PIN # 0576-71-9885

#### Directions to the Site

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Elbert Maynard  
 Property Owner's or Owner's Legal Representative Signature Required Date

Conf # 094011

# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

Debra Ann Maynard (910) 897-4734  
Applicant/Owner Phone Number

Street Address, City, State, Zip Code

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1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
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Debra A Maynard  
Property Owner's or Owner's Legal Representative Signature Required

8-27-08  
Date