

Application # 14500 34385

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Environmental Health Permit in Towns/Areas Zoned by Municipalities**

Land Owner Information:

Name: Christalene Tapia  
Address: 402 W 5th  
Erwin, NC 28339  
Phone: 910-890-2356

Applicant Information:

Name: Christalene Tapia  
Address: 402 W 5th  
Erwin, NC 28339  
Phone: 910-890-2356

Property Location:

E911 Address: \_\_\_\_\_  
PIN or Parcel Number: 1507 38 84 24.006  
Subdivision: \_\_\_\_\_ Lot Number: 15  
Lot Size: 0.169 Zoning: Erwin Power Co: Pike

Specific Directions to Job from Lillington: 421 toward Erwin, left at  
Red Hill Church Rd, mile or so left on Suggs Rd,  
Right at Edna John CT

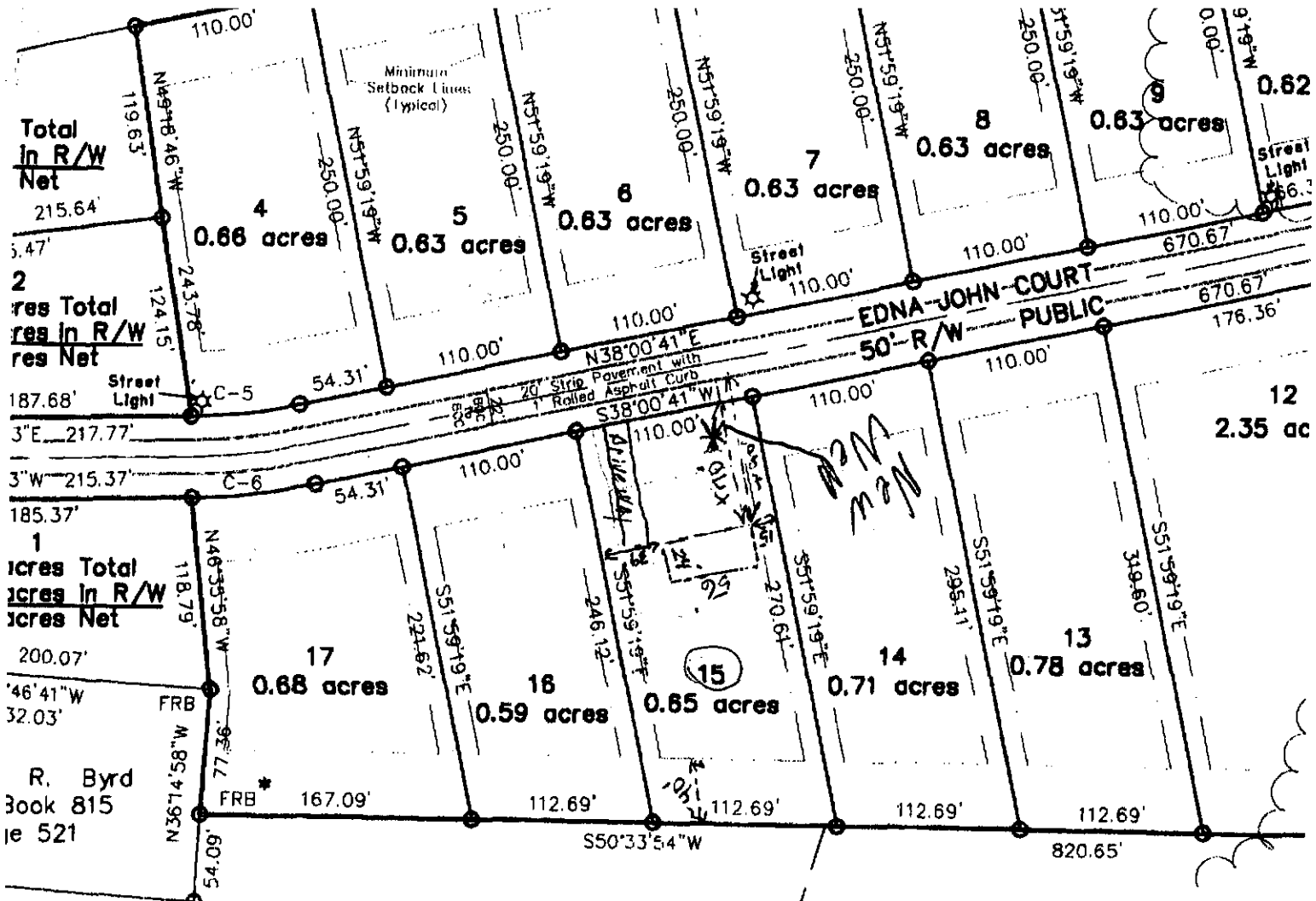
Proposed Use:

- ( ) Single Family Dwelling (Size: \_\_\_\_\_ x \_\_\_\_\_) # of Bedrooms: \_\_\_\_\_  
Basement: \_\_\_\_\_ Basement w/ Plumbing: \_\_\_\_\_ Deck: \_\_\_\_\_ Slab or Crawl Space
- ( ) Multi Family Dwelling # of Units: \_\_\_\_\_ # of Bedrooms/Units: \_\_\_\_\_
- ( )  Manufactured Home (Size: 56' x 24') # of Bedrooms: 4  
Garage: \_\_\_\_\_ Deck: \_\_\_\_\_
- ( ) Business Square Footage Retail Space: \_\_\_\_\_ Type: \_\_\_\_\_
- ( ) Industry Square Footage: \_\_\_\_\_ Type: \_\_\_\_\_
- ( ) Home Occupation # of Rooms: \_\_\_\_\_ Use: \_\_\_\_\_
- ( ) Addition to Existing Building Size: \_\_\_\_\_ Use: \_\_\_\_\_
- ( ) Other: \_\_\_\_\_

Water Supply:  County  Well  Other  
Sewage:  New Septic Tank (Complete new tank checklist)  Existing Septic Tank  Sewer  
There is a \$250.00 charge for new tanks, \$100 for existing tanks. This approval is subject to revocation if the intended use of the septic system changes or if false information is provided on this application. Your signature below certifies all information above is correct.

Applicant Signature: [Signature] Date: 6-27-14



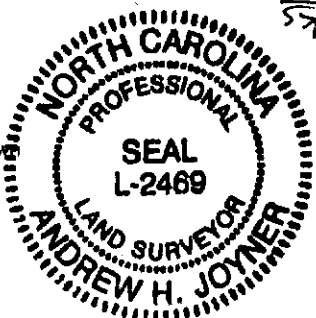


DANNY MCLEOD  
Deed Book 1214, Page 263

TERRY T. LUCAS  
Deed Book 1439, Page 535

Lot 15  
TAP/A  
(Institute)

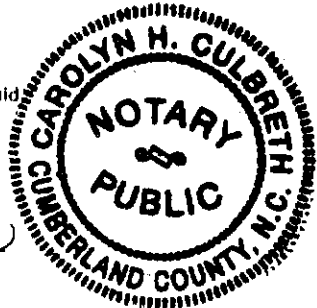
I certify that this plot was drawn  
(under my supervision) (deed description)  
and that the ratio of precision as  
shown on the boundaries not surveyed are shown  
on Page \_\_\_\_\_ that this  
instrument is correct. Witness my original signature.  
\_\_\_\_\_, A.D., 2003.



The lot (s) on this plat have been evaluated by a private consultant. Based on this review, it appears that lot (s) on this plat meet appropriate regulations. Note that final approval for each lot requires issuance if the appropriate Harnett County Health Department permits for specific use and siting in accordance with regulations in force at the time of permitting, this certification does not represent approval or a permit for any site-work.

3/19/03  
Date Environmental Health

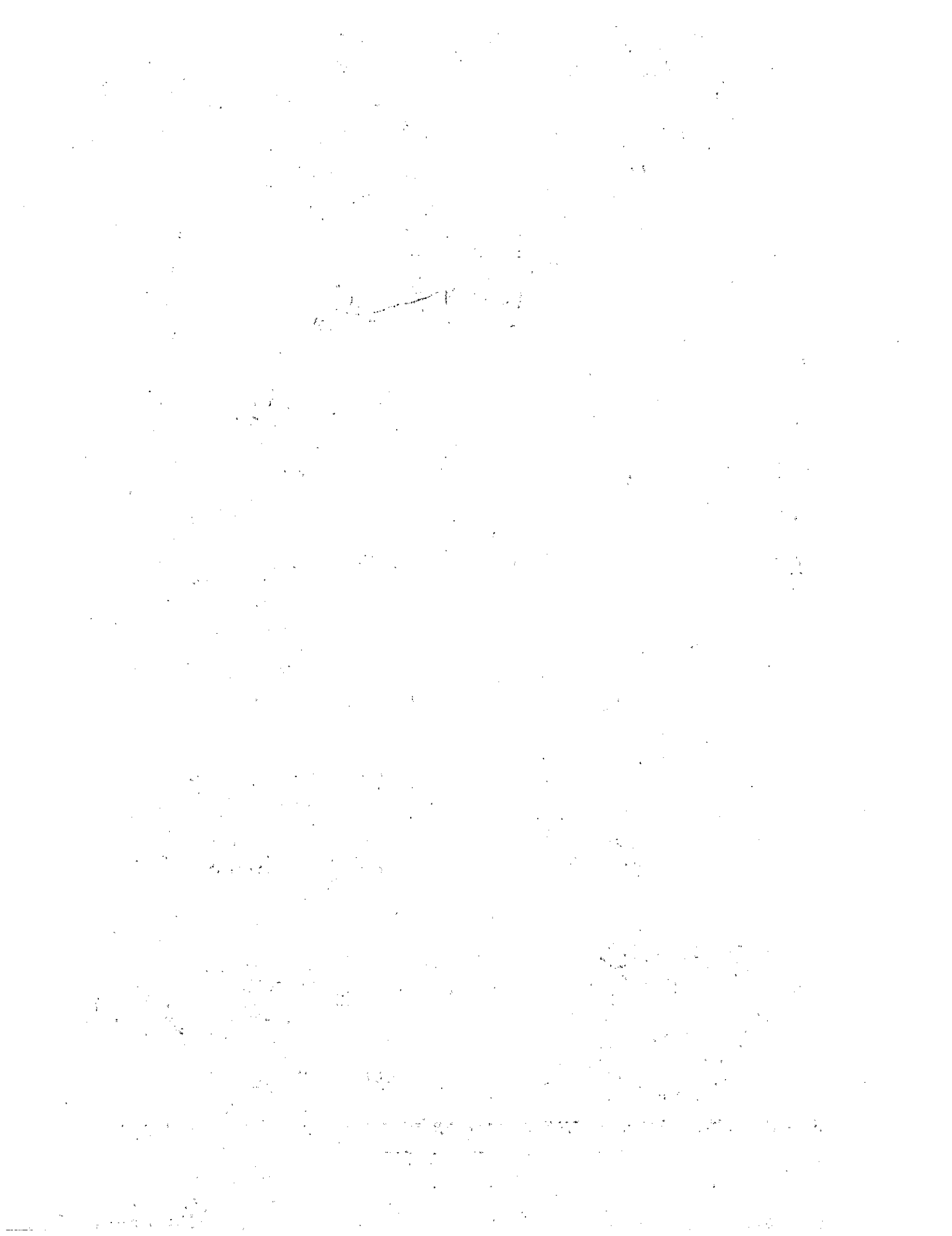
I, the County and State aforesaid,  
personally appeared before me  
and signed this instrument. Witness my  
hand and seal, 2003.



I hereby certify that all streets, utilities and other required improvement  
has been installed in a manner approved by the appropriate state or local  
and according to Town specifications and standards in the  
Subdivision or that guarantees of the installation of the required improv  
in an amount and manner satisfactory to Town of Erwin has been recie  
that the filing fee for this plat, in the amount of \$ \_\_\_\_\_ has been r

\_\_\_\_\_  
Date Subdivision Administrator

Map 2003-575



# 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

Chrestalene Gray Tapia  
Applicant/Owner

(910) 890 2354  
Phone Number

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 # 15

Parcel # \_\_\_\_\_

PIN # 1507 38 8424,000

See Attached  
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.

Property Owner's or Owner's Legal Representative Signature Required

Date 8-8-14



NAME: Christalene Tapia

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)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System Code 800**

- **All property irons must be made visible.** 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 proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- 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.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections Code 800**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. 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 \_\_\_\_\_

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. \_\_\_\_\_  
 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 City 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.

Christalene Tapia  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/27/14  
DATE







Town of Erwin  
**Zoning Application & Permit**  
 Planning & Inspections Department

Permit #  
 ZP 2014-049

Rev Jan 2013

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Christelene Tapia	Property Owner	Christelene Tapia
Home Address	402 W 5th	Home Address	
City, State, Zip	Erwin NC 28339	City, State, Zip	
Telephone	(910) 890-2356	Telephone	
Email	christelene-gray@yahoo	Email	

Address of Proposed Property	90 Edna John Court		
Parcel Identification Number(s) (PIN)	1507-38-8424.000	Estimated Project Cost	\$5,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	Mobile home - 1,344 SF 24x56		
Description of any proposed improvements to the building or property	mobile home 4 bed 2 bath		
What was the Previous Use of the subject property?	-		
Does the Property Access DOT road?	yes		
Number of dwelling / structures on the property already	N/A		
Property / Parcel Size	.65		
<b>MUST</b> circle one that applies to property	Existing/Proposed Septic System Or Existing/Proposed County/City Sewer		

**Owner/Applicant Must Read and Sign**

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Print Name	Christelene Tapia	Signature of Owner or Representative	[Signature]	Date	8/8/14
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**For Office Use**

Zoning District	R-D	Existing Nonconforming Uses or Features	
Front Yard Setback	40'	Other Permits Required	Conditional Use <input checked="" type="checkbox"/> Building <input checked="" type="checkbox"/> Fire Marshal <input type="checkbox"/> Other <input type="checkbox"/>
Side Yard Setback	12'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Rear Yard Setback	40'	Fee Paid: \$50	Date Paid: 8/8/14
		Staff Initials: (SB)	

Comments	CU-2014-004 - apprvd 8-7-2014 place 1,344 SF manufactured home on vacant lot
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Signature of Town Representative:	Kathy K. Blake	Date Approved/Denied:	8-8-2014
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ZP-2014-049

**P A I D**  
 AUG 08 2014

TOWN OF ERWIN  
 [Signature]