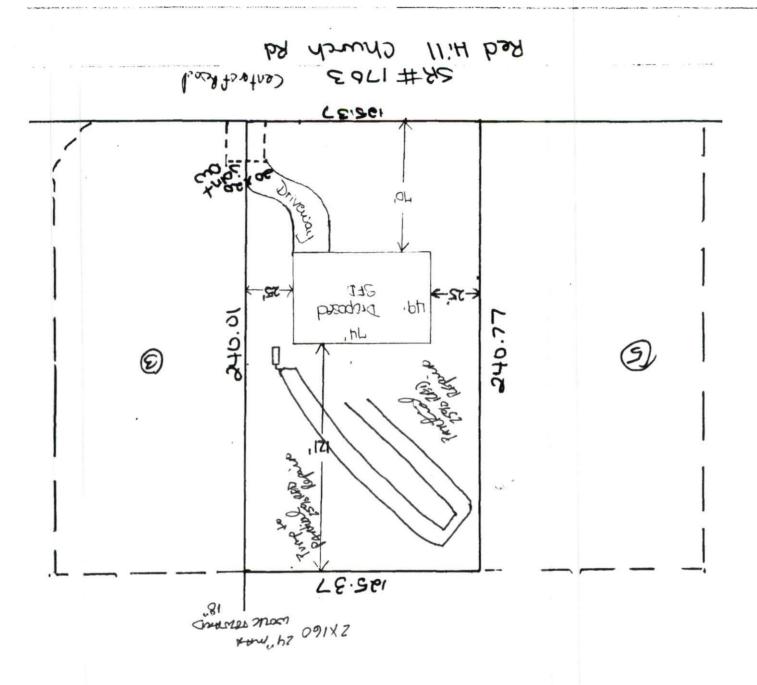


ENV. Rec'd 4/10/07 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

055001178ZRR Application # 119105 Coded ectrocks?

Application for Environmen	ital Health Improven	The state of the s	
Land Owner Information:		Applicant Information	n. 1386/37
Name: Corolun Stoo	5 Dorman	Name: Same	Keith Blaker Highland Av
Address: 705 previous	DV	Address:_ 7383	> Highland Av
Exilia NC 78337 Phone: 910-897-4340		Phone Contract	169-7329
rilone. The last of the last o		Priorie: (914)	304-0544
Property Location:		(414.)	304 - 00-11
E911 Address:	0750702730-	2 4 MENTANIE	I man atthore . DIZ
PIN or Parcel Number: 00 Subdivision: (2001)	ags Duman	Lot Number	CINOPIL ZUD ZOS
Subdivision: Cavolum Sus State Road Number: 1703	Red Hill Chuk	Lot Size: .60	1.
Specific Directions to Job from	Que Freso (h right	orthronuch
	7	217-70-10	
Proposed Use:	74 x	49	
Single Family Dwelling	(Size: 50 y	# of Bedroom	ne: 3
Basement:	Basement w/ Plur	# of Bedroon	Deck:
() Multi Family Dwelling	# of Units:	# of Bedroom	ns/Units:
() Manufactured Home Garage:	(Size: x _) # of Bedroom	ns:
Number of Persons per	· Household Spe C	,	
() Business Square Fo	ootage Retail Space:_	Туре	
() Industry Square Fo	ootage:	Туре	:
() Home Occupation	# of Rooms:	Use:	
) Addition to Existing Bui	lding Size:	Use:	
) Other:			
Water Supply: (V County			
Sewer: (V) New S	eptic Tank () E	xisting Septic Tank	() Revision () Sewer
Applicant Signature:	End Do	NO-	Date: 731105
× /	Kedt Staker		ee: 9-5-07
	A STATE OF THE PARTY OF THE PAR		0010
		4	19N



OWNER NAME: Both Bourie

APPLICATION #: 11782

This application to be filled out only when applying for a new septic system. 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)

expiration)	inou
DEYELOPMENT INFORMATION	
New single family residence	
□ Expansion of existing system	
☐ Repair to malfunctioning sewage disposal system	
□ Non-residential type of structure	
WATER SUPPLY	
□ New well	
□ Existing well	
Community well .	
Public water	
□ Spring	
Are there any existing wells, springs, or existing waterlines on this property?	
{_}} yes { √ } no {_}} unknown	
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	
{}} Alternative { } Other	
{} Conventional { } Any	
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the proper question. If the answer is "yes", applicant must attach supporting documentation.	ty ir
YES { NO Does the site contain any Jurisdictional Wetlands?	
{}}YES {	
-/	
{}}YES {} NO Are there any easements or Right of Ways on this property? {V_}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. Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And Certify That The Information Provided Herein Is True, Complete And Correct.	
State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Ru	
Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Makin	
The Site Accessible Sa That A Complete Site Evaluation Can Be Performed.	3
Korth & Wellow 4-4-199	7
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	_