Application # 12500 29918 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 Fax 910-893-2793

Application for Environmental Health Improvement

| | - The state of Living internal meantrimprovem | ent Permit in Areas Zoned by Municipalities |
|---------|--|---|
| L | and Owner Information | Applicant Information: |
| N | ame: Terry la last | Name: Ashle shee |
| Α | ddress: P.O. Box 487 | Address: 915 Thomas Ro |
| ~ | Erwin, NC 28339 | Four Dans NE 27504 |
| P | hone: (910) 890-2843 | Phone: 919-795-9813 |
| D, | anorty I continue | |
| F | Openy Location: 05 9/ 70- 70/0 | 0.24 |
| PI | Nor Parcel Number: | ,000 |
| Su | ibdivision: | |
| Lo | N or Parcel Number: | Lot Number: |
| | g. Trwi | A |
| Sp | ecific Directions to Job from Lillington: 421 | South right 7 |
| | N. 18 St in Erwin left one | Erwin City ST then left |
| | nto Antisch Church Road | |
| Pro | posed Use: | |
| | * Consideration sourcessands | |
| () | Single Family Dwelling (Size: 77 x 5 | 3) # of Redrooms: Z |
| | Basement: Basement w/ Plumbing: | Deck: Slab or Ground Sans |
| () | | |
| () | Multi Family Dwelling # of Units: | # of Bedrooms/Units: |
| () | | |
| ` ' | Manufactured Home (Size:x Garage: Deck: |) # of Bedrooms: |
| | | |
| () | Business Square Footage Retail Space: | Type: |
| () | | |
| () | Industry Square Footage: | Туре: |
| () | Home Occupation # of Pooms | |
| • / | Home Occupation # of Rooms: | Use: |
| () | Addition to Existing Building Size: | Hear |
| | | Ose |
| () | Other: | |
| Matar | Curata | |
| Sewag | Supply: (4) County () Well () Other | |
| | | ist) () Existing Septic Tank () Sewer |
| revoca | " " TOUR OF CHAILER HOLDING TANKE STILL TAP AVIA | Pin w America "Pit t |
| | | anges or if false information is |
| 10.00 | ed on this application. Your signature below certi | mes all information above is correct. |
| Applica | nt Signature: | Date: 10/15/R |
| | the state of the s | Date: /v//3/A |
| | | Date: 10/15/12 Rec'd 10/14/12 |
| | | |
| | | 4/07 |

| NAME: | APPLICATION #: 125 00 299 |
|--|--|
| SEE W. MADAGE RE WAS | *This application to be filled out when applying for a centic system inspection * |
| County Healt | Department Application for Improvement Donnit and/on Authorized |
| | |
| | IZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months; Complete plat = without expiration) |
| 710-093-73 | 23 Option 1 CONFIRMATION # |
| <u>Environmental</u> | Health New Septic SystemCode 800 |
| - miles illust L | y irons must be made visible. Place "pink property flags" on each corner iron of lot. All property be clearly flagged approximately every 50 feet between corners. |
| Place "oran out buildings | ge house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, |
| our bullang | s, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property. |
| a ii biobeity is | trickly wooded, Environmental Health requires that you clean out the undergrowth to allow the |
| O Tuidalloi I | by performed. Inspectors should be able to walk treely around site. Do not grade around |
| All lots to b | e addressed Within 10 business days after confirmation \$25.00 return trip too may be incurred |
| After prepari | ng proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code |
| ood (altor ac | noting notification permit if multiple permits exist) for Environmental Health inspection. Places note |
| Commination | fulfiber given at end of recording for proof of request. |
| □ Environmental | ov or IVR to verify results. Once approved, proceed to Central Permitting for permits. Health Existing Tank Inspections Code 800 |
| Follow above | e instructions for placing flags and card on property. |
| Prepare for i | nspection by removing soil over putiet end of tank as diagram indicates and lift lid straight up 14 |
| possible) all | With put it Dack in Diace. (Unless inspection is for a sentic tank in a mobile hame mode) |
| After uncover | /E LIDS OFF OF SEPTIC TANK |
| ii iiiuiupie pe | ring outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit rmits, then use code 800 for Environmental Health inspection. Please note confirmation number |
| given at end | of recording for proof of request. |
| Use Click2Go SEPTIC | ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. |
| | tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
| (_) Accepted | [_] Innovative {\(\sum_{\conventional}\) Conventional {\(\sum_{\conventional}\) Any |
| [_] Alternative | {}} Other |
| The applicant shall notif question. If the answer is | y the local health department upon submittal of this application if any of the following apply to the property in s "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 (\(\neq\)) 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 (\(\subseteq \) 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 Applicati | on 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 So | lely 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. |
| 7 | 2/2/2012 |
| PROPERTY OWNERS | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE |

Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321 Fayetteville, NC 28311 Phone/Fax (910) 822-4540 Email mike@southeasternsoil.com

July 11, 2012

Mr. Terry West PO Box 487 Erwin, NC 28339

Re: Soil/site evaluation for subsurface waste disposal, 1.00 acre lot, off NCSR 1735 (Iris Bryant Road), Harnett County, North Carolina

Dear Mr. West,

A soil/site evaluation has been conducted on the aforementioned property at your request. The purpose of the investigation was to determine if soils were acceptable for a subsurface waste disposal system to serve a proposed single family residence (up to 4 bedroom home). All ratings and determinations were made in accordance with "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, 15A NCAC 18A .1900".

At least one site was located on the tract containing soils that have provisionally suitable properties exceeding 30 inches. The site essentially lies on a ridge (0 - 2%) landscape. Soil borings conducted in most of this area consisted of 12 or more inches of loamy sand underlain by sandy clay loam and/or sandy clay extending to 40 or more inches. Soil wetness and/or parent material (greater than 50%) was typically observed greater than 30 inches below the soil surface. All other soil characteristics were either suitable or provisionally suitable to at least 30 inches.

Based on soil borings and site conditions, the site would be designated provisionally suitable for a shallow conventional subsurface waste disposal system (depending on house location, may require the use of pumps, fill, innovative drainline, etc.). The site contains enough provisionally suitable area, as required, to allow for subsurface repairs (may require systems mentioned). A map showing the approximate location of the site accompanies this report. [Note: No grading, rutting or other soil disturbance can occur in this area prior to obtaining a permit from the Harnett County Health Department. Any grading without a permit can alter the findings of this report.]

A design for this system type may be required by the county health department prior to agency action (by SSEA; at separate expense to client).

This report, of course, does not guarantee, constitute or imply that a permit will be issued by the Harnett County Health Department. Because professional differences of opinion sometimes occur, we recommend obtaining a permit from the Harnett County Health Department prior to making any financial commitments for your intended use. This is the only "guarantee" of a site's suitability.

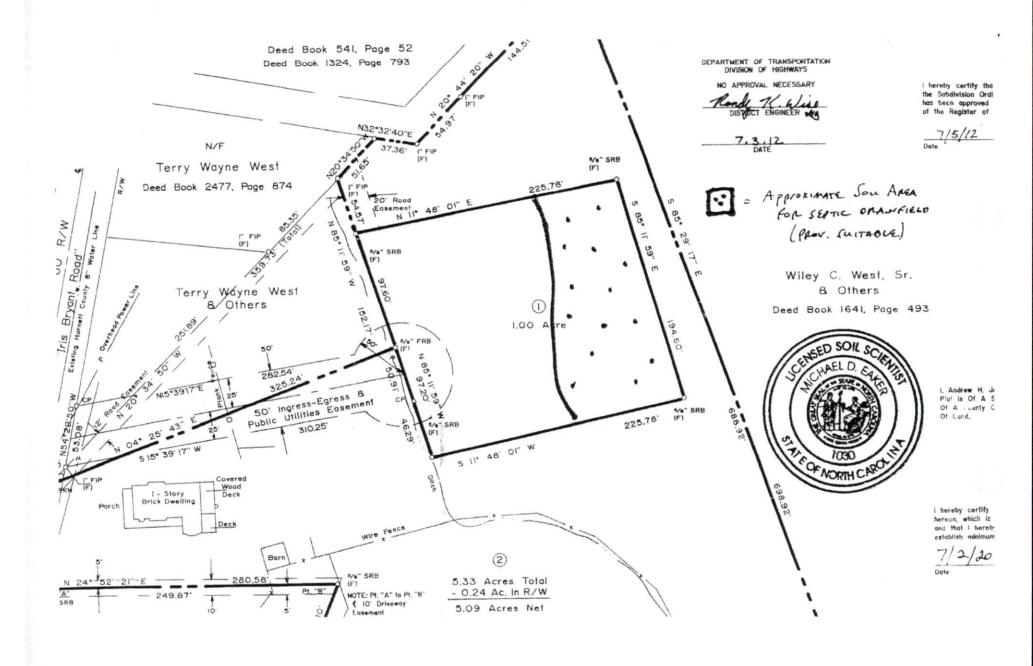
This report only represents my professional opinion as a licensed soil scientist. Permits will only be granted if health department personnel concur with the findings of this report.

Sincerely,

Mike Eaker

NC Licensed Soil Scientist







Application & Permit Planning & Inspections Department

Permit # 2012-042

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

| Name of Applicant | Terry W. West | Property Owner | Terry W. West | | |
|--|---------------------------------------|-------------------------------------|----------------------|--|--|
| Home Address | P.O. Box 487 | Home Address P.O. Box 487 | | | |
| City, State, Zip | Erwin NC 28339 | City, State, Zip | Erwin, NC 28339 | | |
| Telephone | (910) 890-2343 | Telephone | (910) 890-2343 | | |
| Email | west 1140 @gmail.com | Email | West 1400 amail. com | | |
| Address of Proposed | Property | 19 Antiock | Church Rd Dunn, NC | | |
| Parcel Identification I | Number(s) (PIN) | | 0596-78-7068,000 | | |
| What is the applicant requesting to build / what is the proposed use of the subject property? Be specific. | | Single Family Residence | | | |
| Description of any proposed improvements to the building or property | | Landscaping a construction of house | | | |
| Estimated Project Cost | | \$250,000.00 | | | |
| What was the Previous Use of the subject property? | | Farm land | | | |
| Does the Property Access DOT road? | | Yes | - | | |
| Number of dwelling / structures on the property already | | Ø | | | |
| Property / Parcel Size | | 1 acr | e | | |
| Will the Proposed Use | / Building connect to a septic system | ? Yes | | | |

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. | 1) 1/1/ | 9/19/2012 | |
|----------------------------------|--------------------------------------|-----------|--|
| Jerry W. West | 17N: N | 1/11/2012 | |
| Print Name | Signature of Owner or Representative | Date | |

| or Office Use | |
|--------------------|------|
| Zoning District | R-10 |
| Front Yard Setback | 35' |
| Side Yard Setback | 10' |
| Rear Yard Setback | 35' |

| Existing Nonconforming Uses or Features | |
|--|--|
| Other Permits Required | Conditional UseBuildingFire MarshalOther |
| Zoning Permit Status | ApprovedDenied |
| Fee Paid 50 (1) Da | te Paid: 101112 Staff Initials: 83 |

| Comments | No flood hazards. |
|----------|-------------------|
| | |

| | | PR 65 | | | - |
|-----------------------------------|-----------------------|-------|-----|-----|----|
| Signature of Town Representative: | Date Approved/Denied: | \$ 87 | 101 | 11/ | 12 |
| | | | 1 | - | |