Initial Application Date: 3518 App	lication # 1850043440
Control Dormitting 108 F. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext.2	(m. (0.0) +
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED	DI WHEN SUBMITTING A LAND USE AT LIGHTON
LANDOWNER: Northaniel Torberson Mailing Address: 4601	Marter Ka.
City:State: UC Zip: 28 30 Contact No: 110- 511-1854	Email
APPLICANT*: Same Mailing Address:	
APPLICANT*:State:Zip:Contact No: City:State:Zip:Contact No: *Please fill out applicant information if different than landowner	Email:
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision:	
Parcel: 12 0545 008 Fills Fill	Power Company*:
Xnew structures with Progress Energy as service provider need to supply premise number	from Progress Energy.
New subcodes while regress though at the	
PROPOSED USE: SFD: (Size 70 x 60) # Bedrooms: 5 # Baths: 4 Basement(w/wo bath): Garage: x (Is the bonus room finished? () yes () no w/ a closet? () yes ()	Monolithic Deck:Crawl Space: XSlab:Slab: _) no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Arry other site built add	
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage	
🗄 Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
I Home Occupation: # Rooms: Use: Use: Hours of Operation:	#Employees:
	Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
Water Supply: County Existing Weir Row How (in the second sec	te Checklist
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet	(500') of tract listed above? () yes (X) no
(Δ) no	1 1 11
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify):Wirkship
Required Residential Property Line Setbacks: Comments:	
35 Actual 8St (RS from ponol)	
Rear <u>25 110+ from Fy Pune Shop</u>	
Closest Side 10 350	
	lal to a second
Sidestreet/corner lot	present at lolipic
Sidestreet/corner lot ONSITO CONTINUES ON BAR	ut septic inell

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: RI DEIvenia 122 e, 01 2 6. COAS

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 faise information is provided.

Signature of Owner Owner's Agent ar Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

locherson 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)

910-893-7525 option 1

CONFIRMATION #

- Environmental Health New Septic SystemCode 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.

(___) Any

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 {__} 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	1 NO	Does the site contain any Jurisdictional Wetlands?
{}YES	()	Do you plan to have an <u>irrigation system</u> now or in the future?
{}YES	(UNO	Does or will the building contain any drains? Please explain.
{}YES	(THIQ	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{ L NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}YES	1 NO	Is the site subject to approval by any other Public Agency?
{}YES		Are there any Easements or Right of Ways on this property?
{}YES	(_4NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If you place with N. C. (

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 folely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Acgessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS DEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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

Nathaniel Torberson_	(910) <u>391-/85</u>	1
Applicant/Owner 4601 Blanton Rd	Fayeffertle 12 28303	

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;

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4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well;

5. the location of any existing wells within 100 feet of the property; surface water bodies;

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 changed that affect site drainage.

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

PROPERTY INFORMATION

Proposed use of wellSingle-Family \Box Multifamily \Box Church \Box Restaurant \Box Business \Box Irrigation \Box	
Street Address <u>1393 W-1ker Rl.</u> Parcel # <u>20945 6035</u> PIN # <u>0545 - 58-365</u> 9 603	0
<u>Directions to the Site</u> <u>Ny mile North of intersection of Raynor McClamb + Walker Rd.</u> on East Side of Rd.	
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 give 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.	

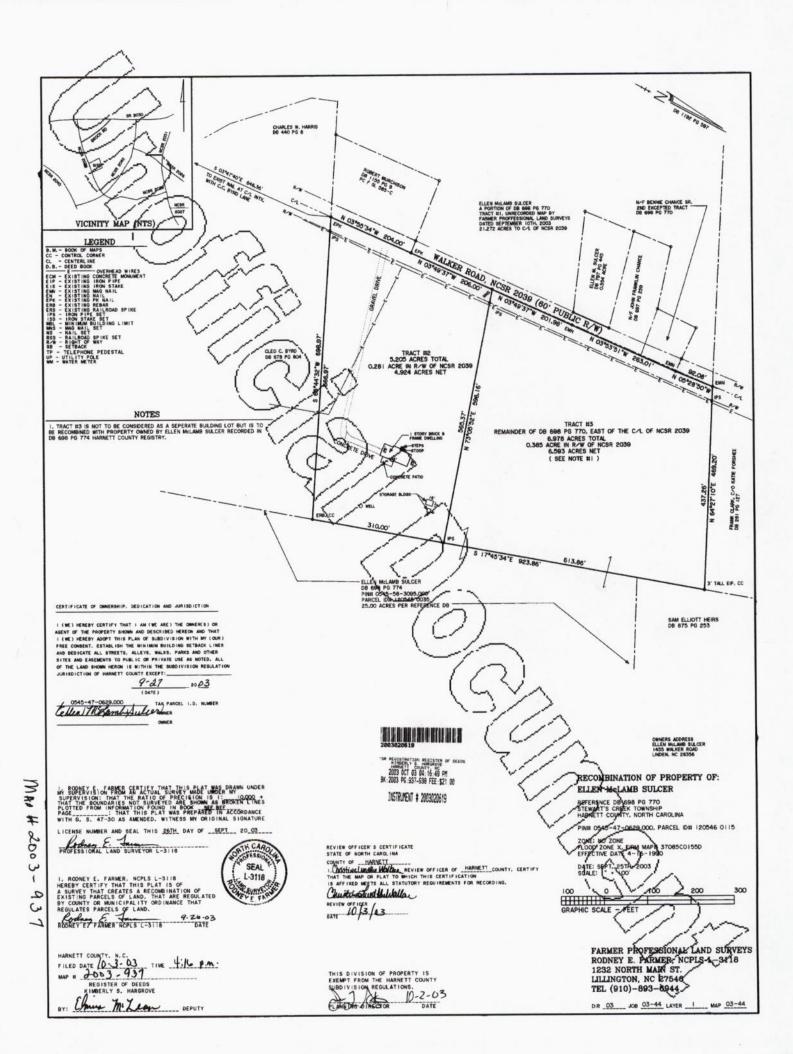
I understand that I am soldy responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a will can be properly constructed according to the permit.

45/18

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

Harnett GIS





HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT *** Uper: JBROCK Type: CP Drawer: 1 Date: 3/05/18 52 Receipt no: 273185 Year Number Amount 2018 50043460 91749 TECH 2 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES \$750.00 NEW TANK 2018 50043460 91749 TECH 2 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES \$250.00 NEW WELL NATHANIEL TORBERSON

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 Tender detail

 CK CHECK PAYMEN
 231
 \$1000.00

 Total tendered
 \$1000.00

 Total tendered
 \$1000.00

 Total payment
 \$1000.00

 Trans date:
 3/85/18
 Time:
 12:27:11

** Thank you for your payment **