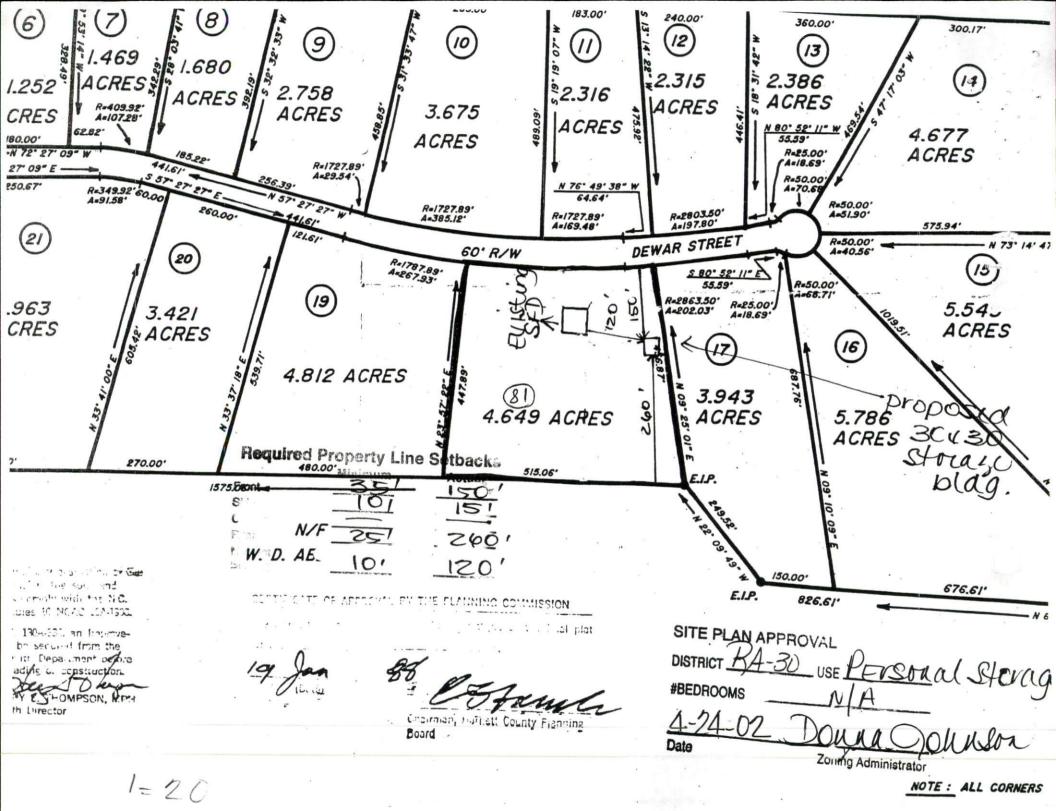
COUNTY OF HARNETT LAND	USE	APPI	ICA'	LION
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Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793
1/11 Al h.
City: Fuguay - Varina State: NC Zip: 27526 Phone #: 919-552-8907
City: Juguay - Varina State: NC Zip: 27526 Phone # G10 553 - 5627
Filone #: 7/7 = 332 = 870 /
APPLICANT: SAME AS Above Mailing Address:
City: State: Zip: Phone #:
PROPERTY LOCATION: SR #: SR Name:
Zoning RASO Subdivision DAD PORTALIS SUBD
Flood Plain: Y Panel: OOO Watershed: TV Deed Book/Page: BA-460Plat Book/Page: D-55A
Deed Book/Page: Deed Book/Page
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 401N. USY ON Christian Light
(b) The COVENIUNA GO PONIUNA DICTION LIGHT
right on Deward St. Lot 18 by right.
regree in Devine Sc. Co. 10 th regree.
PROPOSED USE:
☐ Sg. Family Dwelling (Sizex) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck ☐ Multi-Family Dwelling No. Units No. Bedrooms/Unit
Manufactured Home (Sizex) # of Bedrooms Garage Deck
Comments:
Number of persons per household
Ruciness Cg Et Detail Cons
Industry So Et
Accessory Building (Size X) Home Occupation (Size X) Home Occupation (Size X) Use OUTSMAL Storage Addition to Existing Building (Size X) Use
□ Other/
Water Supply: (County Well (No. dwellings) () Other /
Sewage Supply () New Sentie Teels () Point Good Sentie Teels
Erosion & Sedimentation Control Plan Required? VES
Structures on this tract of land. Single family dwellings.
Property owner of this tract of land own land that contains a manufactifred home w/in five hundred feet (500) of the state of land own land that contains a manufactifred home w/in five hundred feet (500)
Required Property Line Setbacks: Minimum Actual
Actual Actual
Front 35 Rear 25 260'
Side 10' Corner
Nearest Building 10' 120'
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted.

If p hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

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



HARNETT COUNTY HEALTH DEPARTMENT

IMPHOVEMENT PERMIT

Nº 13633

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

from the Harnett County Health Department."	
Name: (owner) William H. Green	New Installation Septic Tank
Property Location: SR# 1403 Cokeshury Rel.	Repairs Nitrification Line
Subdivision [AD]	Lot #18
Tax ID #	Quadrant #
Number of Bedrooms Proposed:3	Lot Size: 4. 6 49 Ac
Basement with Plumbing: Garage	re:
Water Supply: Well Public Comm	nunity
Distance From Well: ft.	
Following is the minimum specifications for sewage dispersional approval. Type of system: Conventional Other	osal system on above captioned property. Subject to
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch of each ditch	width of depth of /OO ft. ditches 3 ft. ditches 18 in MAX
This permit is subject to revenetion if site	ened: May May L.S. Environmental Health Specialist
* Keep dileter at 18 inches max * Contractor to	Legar St.

HARNETT COUNTY HEALTH DEPARTMENT AU IORIZATION TO CC STRUCT

Authorization is hereby given to construct a wastewater system to the specifications describy Harnett County Health Department Improvement Permit # 136000000000000000000000000000000000000
Owner or Authorized Agent
Name: William H. Green Telephone # 919552-8907
Address: 4608 Christian Light Rd. Fugury Varina NC 27521
Property Location: SR# 1403 Road Name Co kes bury
New Installation Repair Septic Tank Nitrification Lines
Subdivision PAD Lot # 18
Number of Bedrooms Proposed:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 50 ft.
Type of System: Conventional Other Colystyrase Assegot Trench System I WNS-95-3R
Tank Volume: Septic Tank / CO6 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines / co ft.
Width of ditches ft. Depth of ditches inches MAX
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.
Name:
(Revised 2/96)cnstrct.wpd