

Initial Application Date: 8-9-01

Application #00- 01-5-2742

COUNTY OF HARNETT LAND USE APPLICATION

Planning Department 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 Fax: (910) 893-2793

Revision
(Signature)
10-150

LANDOWNER: D.G. LANGDON 3 SONS INC Address: 4590 Old Buies Creek Rd.

City: Angier State: NC Zip: 27501 Phone #: 639-4295

APPLICANT: R.L. Properties Address: 4590 Old Buies Creek Rd.

City: Angier State: NC Zip: 27501 Phone #: 639-4295

PROPERTY LOCATION: SR #: _____ SR Name: _____

Parcel: 07-0692-0046-33 PIN: 0692-45-7778

Zoning: RA30 Subdivision: Barclay Phase 1 Lot #: 9 Lot Size: 852

Flood Plain: Panel: 0050 Watershed: N/A Deed Book/Page: 632, pg. 307 Plat Book/Page: "F" Slide 441-A

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE HWY 210 to Angier, take a right onto Hwy. 55, go approx 4 miles, left on S.R. 1006 (Old Stage) go 1 mi. right at water tower (LANGDON Road) go 1 mile, left into Barclays Subdivision next to last house on left. (Before pavement ends or changes)

PROPOSED USE:

Sg. Family Dwelling (Size 33 x 33) # of Bedrooms 3 Basement N Garage N Deck N

Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____

Manufactured Home (Size ___ x ___) # of Bedrooms _____ Garage _____ Deck _____

Comments: _____

Number of persons per household _____

Business Sq. Ft. Retail Space _____ Type _____

Industry Sq. Ft. _____ Type _____

Home Occupation (Size ___ x ___) # Rooms _____ Use _____

Accessory Building (Size ___ x ___) Use _____

Addition to Existing Building (Size ___ x ___) Use _____

Other _____

Water Supply: County Well (No. dwellings _____) Other

Sewer: Septic Tank/ Existing: YES NO County Other

Erosion & Sedimentation Control Plan Required? YES NO

Structures on this tract of land: Single family dwellings _____ Manufactured homes _____ Other (specify) NONE

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35</u>	<u>35</u>	Rear	<u>25</u>
Side	<u>10</u>	<u>30/37</u>	Corner	<u>20</u>
Nearest Building	<u>10</u>	<u>102</u>		<u>100761</u>

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

(Signature)

8-7-2001

Signature of Applicant

Date

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 15432

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."

Name: (owner) D. G. Langston & Sons New Installation Septic Tank
Property Location: SR# 1532 Repairs Nitrification Line

Subdivision Baschlys Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .852 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50+ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Polystyrene Aggregate Trench System 1245-95-32

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

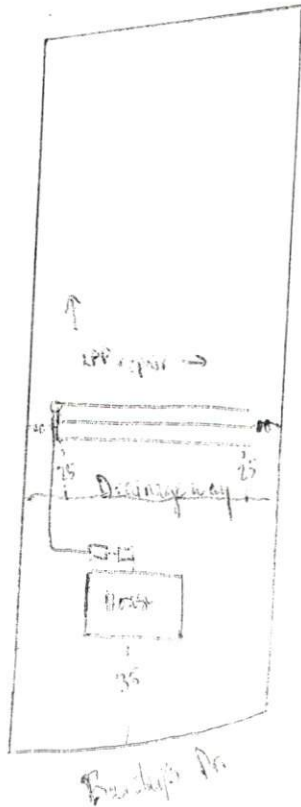
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 30 ft. width of ditches 3 ft. depth of ditches 12-18 in.

French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 11-5-98

Signed: Thomas J. Berger R.S. Environmental Health Specialist



Maintain setbacks
Start ditches at 18" go to 12"
6" cover required over system
House can set anywhere at front of lot

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15452. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent D. C. Langdon & Sons

Name: _____ Telephone # 637-4295

Address: 221 Pope Lake Rd Angier NC

Property Location: SR # 1532 Road Name Langdon Rd

New Installation Repair Septic Tank Nitrification Lines

Subdivision Baselaps Lot # 9

Number of Bedrooms Proposed: 3 Lot size: .852 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50' ft.

Type of System: Conventional _____ Other Pump to Polystyrene Aggregate Trench System 12-25-95-32

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 80

Width of ditches 3 ft. Depth of ditches 12-18 inches

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.

Authorized Agent for Harnett County Health Department

Name: Thomas J. Boyer R.S. Date: 11-5-98

Reviewed & approved 5/13/01

HARNETT COUNTY HEALTH DEPARTMENT

01-50002742

No 1543

IMPROVEMENT PERMIT

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."

Name: (owner) D. G. Langdon + Sons

- New Installation Septic Tank
- Repairs Nitrification Line

Property Location: SR# 1532

Subdivision Barclays Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .852 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50+ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Polystyrene Aggregate Trench System (NWS-95-32)

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

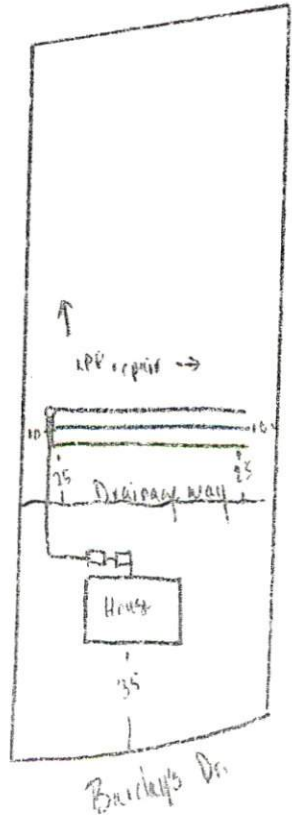
Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12-18 in.

French Drain Required: _____ Linear feet

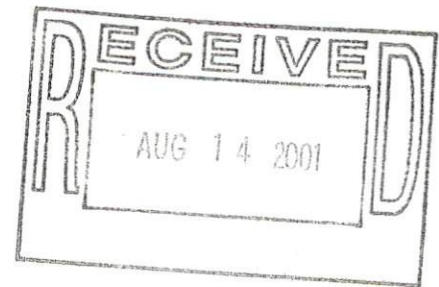
Date: 11-5-98

This permit is subject to revocation if site plans or intended use change.

Signed: Thomas C. Boye R.S.
Environmental Health Specialist



Maintain setbacks
 Start ditches at 18" go to 12"
 6" cover required over system
 House can set anywhere at front of lot



HARNETT COUNTY HEALTH DEPARTMENT
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Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15432. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent D. G. Langdon & Sons

Name: _____ Telephone # 639-4295

Address: 221 Pope Lake Rd Angier NC

Property Location: SR # 1532 Road Name Langdon Rd

New Installation Repair Septic Tank Nitrification Lines

Subdivision Barclays Lot # 9

Number of Bedrooms Proposed: 3 Lot size: .852 ac

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other Pump to Polystyrene Aggregate French System 1245-95-3R

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 80

Width of ditches 3 ft. Depth of ditches 12-18 inches

French Drain: Linear feet required _____ Depth of gravel _____

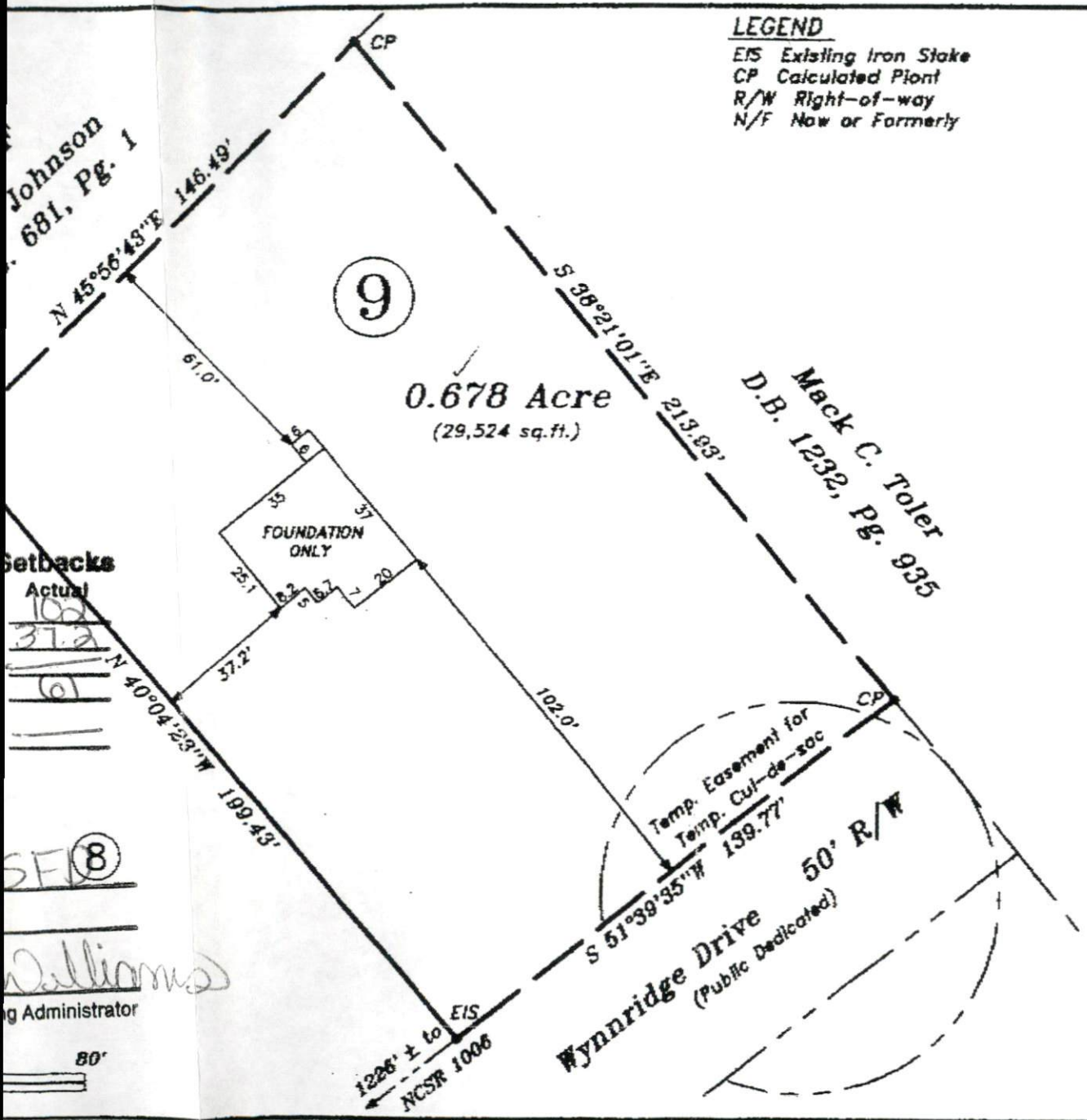
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: Thomas J. Beque R.S. Date: 11-5-98

Johnson
681, Pg. 1

LEGEND
EIS Existing Iron Stake
CP Calculated Point
R/W Right-of-way
N/F Now or Formerly



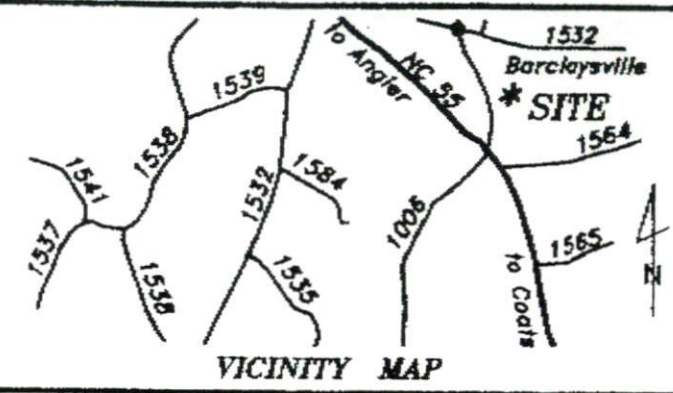
Setbacks
Actual

100
37.2
60

SE (8)

Williams
g Administrator

80'



Lot 9
Wynnridge Subdivision
Map # 99-496

Survey For
R. L. PROPERTIES, L.L.C.

Grove Twp.	Harnett Co.
Scale: 1" = 40'	Date: 7-26-2001

Surveyed & Mapped By
STREAMLINE LAND SURVEYING, Inc.
870 N.C. Hwy. 55 West, Coats, N.C. 27521
910-897-7715 910-897-7284 (FAX)

I hereby certify that the survey represented hereon was actually made upon the ground and is correct; and that there were no encroachments eitherway across property lines except as shown.



Robert E. Godwin, Jr.
7/26/01

NOT FOR RECORDATION

M.G.G.

FB 2001-01

WY01S013