

Scanned to Env. Health on 12-1-03

Initial Application Date: 11-26-03

Joe

Application # 07 S-8312  
85 Michaelyn LW

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: J. L. Brown Blds Mailing Address: 3558 Bud Hawkins Rd  
City: Dunn State: N.C. Zip: 28334 Phone #: 910-892-4423

APPLICANT: J. L. Brown Blds Mailing Address: 3558 Bud Hawkins Rd  
City: Dunn State: N.C. Zip: 28334 Phone #: 910-892-4423

PROPERTY LOCATION: SR #: Parcel: 01-0534-0014-03 SR Name: PIN: 0534-64-3725  
Zoning: RASOR Subdivision: Inwood Lot #: 3 Lot Size: 46 AC  
Flood Plain: X Panel: 165 Watershed: NA Deed Book/Page: Plat Book/Page: F-220-D

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 210 South, Turn Left on Elliott  
Bridge Rd, go 5 1/2 miles, Turn right on to Michaelyn Lane  
3rd lot on left.

PROPOSED USE:

- Sg. Family Dwelling (Size 35 x 66) # of Bedrooms 3 # Baths 2 Basement (w/wo bath) Garage 1 Deck 1
- 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

Sewage Supply:  New Septic Tank  Existing Septic Tank  County Sewer  Other

Erosion & Sedimentation Control Plan Required? YES  NO

Structures on this tract of land: Single family dwellings Manufactured homes Other (specify)

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	35	36	Rear	25
Side	20	61	Corner	25
Nearest Building				37

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.

J. S. Brown  
Signature of Owner or Owner's Agent

11-26-03  
Date

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

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

607 11/25 S

Delphina McGougan  
Deed Book 603, Page 70

SEE PLAN APPROVAL

SPD

Edward Simon  
Deed Book 876, Page 513

DISTRICT 3  
#BEDROOMS

1126-03

County Administration

Admin  
Property

N 47° 13' 47" E  
125.63'

0.46 (4) Acre

0.46 (5) Acre

0.46 (6) Acre

N 65° 28' 00" E  
82.94'  
20' Drainage Easement

770.64'  
213.62'  
252.6'

Deck

66'  
63'  
36'

Drive

61'

104.26'

N 52° 13' 22" E

140.37'  
S 39° 33' 16" E

Curve # 4

Curve # 3

Curve # 2

Curve # 5

Well

N 24° 47' 00" E  
95.75'

Curve # 7

Curve # 6

N 52° 13' 22" E

487.59'

107.59'

230.66'

760.73'

134.83'

North Carolina - Hon  
The foregoing certifica  
Notary Public (Notarios P.  
correct. This instrument was  
and recorded in this office at  
This 22 day of Apr  
at 11:05 o'clock

William P. Holdrege  
Notary Public

William P. Holdrege  
Register of Deeds - App.

William McCormick  
Deed Book 682, Page 13-

# 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) JL Brown Builders

New Installation  Septic Tank

Property Location: SR# 2045

Repairs

Nitrification Line

Subdivision Turnwood

Lot # 3

Tax ID # \_\_\_\_\_

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3

Lot Size: .48 AC

Basement with Plumbing:

Garage:

Water Supply:  Well  Public

Community

Distance From Well: 50 min ft.

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

Type of system:  Conventional

Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons

Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18 1/4 in.

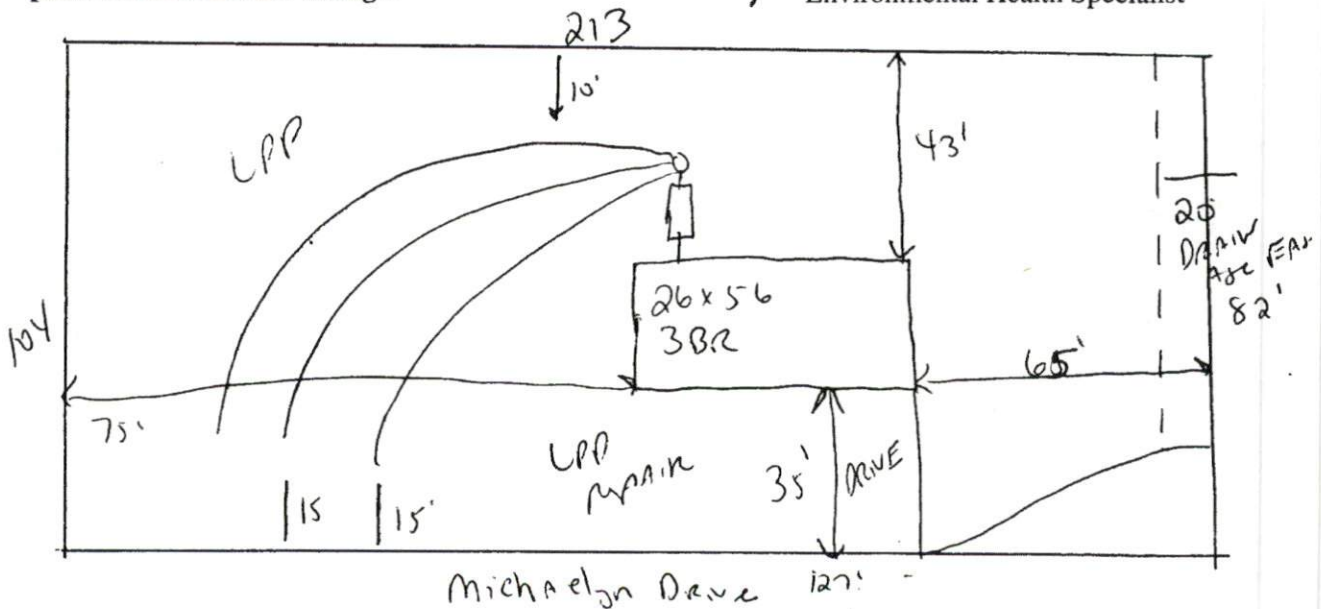
French Drain Required: \_\_\_\_\_ Linear feet

Date: 5-7-97

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

Signed: [Signature]

Environmental Health Specialist



STUB OUT Plumbing shallow 18.24" ditch Depth Follow Contours MAINTAIN ALL REQUIRED SETBACKS

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 # 12423. 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 J.L. Brown Builders

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR # 2045 Road Name \_\_\_\_\_

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision TURN WOOD Lot # 3

Number of Bedrooms Proposed: 3 Lot size: 0.48 AC

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: 50' ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 3 Length of lines 70

Width of ditches 3 ft. Depth of ditches 18-24 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: [Signature] Date: 5-7-97

(Revised 2/96)CNSTRCT.WPD