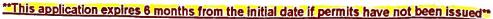


| Initial Application Date:                                                                                                                                       | Ap                                                             | plication#                                                   |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|------------------------------|
|                                                                                                                                                                 |                                                                | CU#                                                          |                              |
| COUNTY OF HARNETT I Central Permitting 108 E. Front Street, Lillington, NC 27548                                                                                | RESIDENTIAL LAND USE APPLI<br>Phone: (910) 893-7525 ext:2      |                                                              | www.harnett.org/permits      |
| "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PL                                                                                                           | RCHASE) & SITE PLAN ARE REQUIRE                                | D WHEN SUBMITTING A LAND                                     | USE APPLICATION**            |
| LANDOWNER: Hansington Propostory of NC. LLC                                                                                                                     | Mailing Address: 265                                           | 9 San Lee Dik                                                | n                            |
| City: Sanford State: NC Zip: 2783:                                                                                                                              | Contact No: 919-720-5                                          | 969 Email: Branders                                          | harring to proporties at     |
| APPLICANT*: Mailing Add                                                                                                                                         | /*                                                             | 2                                                            |                              |
|                                                                                                                                                                 | Contact No:                                                    | Email:                                                       |                              |
| Please fill out applicant information if different than landowner                                                                                               |                                                                |                                                              |                              |
| ADDRESS: Lot 6 Seminal Watershed: De                                                                                                                            | PIN:                                                           | <b>*</b>                                                     |                              |
| Zoning:Flood:De                                                                                                                                                 | ed Book / Page: 2021                                           | ase 270                                                      |                              |
| Setbacks - Front: 30 Back: 140 Side: 5                                                                                                                          | Comer:                                                         |                                                              |                              |
| PROPOSED USE:                                                                                                                                                   |                                                                |                                                              |                              |
| SFD: (Size 60 1/2 # Bedroom: 4 # Baths 3 Basemer                                                                                                                |                                                                |                                                              | Monolithic                   |
| (Is the bonus room finished? () yes (                                                                                                                           | t(W/wo bath); Garage: D                                        | eck:Crawl Space:                                             | _Slab:Slab:                  |
|                                                                                                                                                                 |                                                                |                                                              |                              |
| Mod: (Sizex) # Bedrooms # Baths Basemen                                                                                                                         | t (w/wo bath)Garage:S                                          | ite Built Deck: On Fra                                       | ame Off Frame                |
| (Is the second floor finished? () yes (                                                                                                                         | ) no Any other site built addition                             | ons?( ) yes () no                                            |                              |
| Manufactured Home: _SWDWTW (Sizex                                                                                                                               | \# Radmama: Commi                                              | 6-71- b- 180                                                 |                              |
|                                                                                                                                                                 |                                                                | _(site built?) Deck_                                         | _(site built?)               |
| Duplex: (Size x No. Buildings: No.                                                                                                                              | Bedrooms Per Unit:                                             |                                                              |                              |
| Home Occupation: # Rooms:Use:                                                                                                                                   | House of One-No-                                               |                                                              |                              |
| 000                                                                                                                                                             | nours of Operation:                                            | · ·                                                          | #Employees:                  |
| Addition/Accessory/Other: (Sizex) Use:                                                                                                                          | , , ,                                                          | Closets in add                                               | ition? ( ) yes ( ) no        |
|                                                                                                                                                                 |                                                                |                                                              | ,                            |
| Water Supply: County Existing Well _ New Well (Need to Co                                                                                                       | of dwellings using well<br>emplete New Well Application at the | ) *Must have operable w                                      | ater before final            |
| Sewage Supply: New Septic Tank Expansion Relocat (Complete Environmental Health Checklist on other side                                                         | IDD PYISTING SOME TONK                                         | _ County Sewer                                               |                              |
| Does owner of this tract of land, own land that contains a manufactured                                                                                         | home within five hundred feet (50                              | 0') of tract listed above? (                                 | Ivan ( H                     |
| Does the property contain any easements whether underground or over                                                                                             | head (_) yes ( ) no                                            |                                                              |                              |
| Structures (existing op proposed) Single family dwellings:                                                                                                      | Manufactured Homes:                                            | <b>2</b> 11                                                  |                              |
| If nemits are granted I same to conferm to all actions and I was to                                                                                             |                                                                |                                                              |                              |
| If permits are granted I agree to conform to all ordinances and laws of till hereby state that foregoing statements are accurate and correct to the             | best of my knowledge. Permit su                                | ing such work and the spec<br>riect to revocation if false i | information is provided.     |
| _pull                                                                                                                                                           | T                                                              | 7-2-2021                                                     |                              |
| Signature of Owner or Owner's Ager tis the owner/applicants responsibility to provide the county w to: boundary information, house location, underground or ove |                                                                | Date                                                         |                              |
| to: boundary information, house location, underground or ove<br>incorrect or missing informatio                                                                 | rhead easements, etc. The cour                                 | nty or its employees are I                                   | y, including but not limited |
| incorrect or missing informatio "This application expires 6 months f                                                                                            | rom the initial date if permits h                              | applications.***  ive not been issued***                     | to the same of the           |
|                                                                                                                                                                 |                                                                |                                                              |                              |

**APPLICATION CONTINUES ON BACK** 





\*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)

## Environmental Health New Septic System

- 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 <u>undergrowth</u> 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.

## Environmental Health Existing Tank Inspections

Follow above instructions for placing flags and card on property.

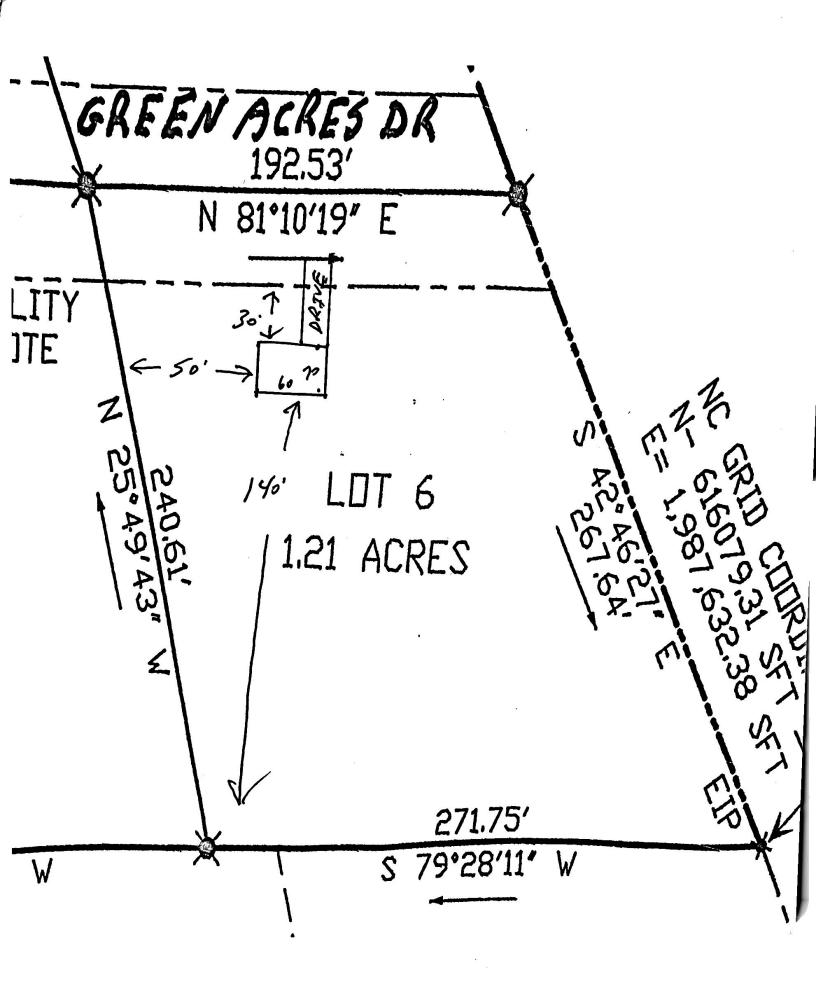
"MORE INCODMATION NO.

- 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

Accessible So That A Complete Site Evaluation Can Be Performed.

| SEFTIC                    | TO COMPLETE ANY INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If applying for authoriza | ation to construct at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ( ) 4                     | ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  { } Innovative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ( ) Accepted              | { } Innovative { Conventional { } Any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| { } Alternative           | Conventional { } Any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                           | { } Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| The applicant shall noti  | fy the local health department mon submitted of this and the submitted of the local health department mon submitted he |
| question. If the answer   | fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                           | THE SUFFORTING 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 { NO               | Does or will the building contain any drains? Please explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| { }YES { ]NO              | Are there are spiriting the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                           | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| { YYES { } NO             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | Are there any Easements or Right of Ways on this property? Divews exerced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| { }YES { VNO              | Does the site contain any existing water, cable, phone or underground electric lines?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                           | If yes please call No Cuts at 800-632 4040 to least at at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                           | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| I Have Read This Applica  | ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Officials Are Granted Rig | tht Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Understand That I A C-    | Laws And Rules. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Onderstand I hat I Am So  | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4 40 0 00 0000 1 4 00     | The Diff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

strong roots · new growth



## 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 <u>invalid</u>.

|                                                                                                                                   | APPLICANT INFOR                                                                                                                |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Harington Propos Applicant/Owner                                                                                                  | tas of NC, LLC                                                                                                                 | (9/1) <u>770-5969</u><br>Phone Number<br>, NC 27333                                 |
| Applicant/Owner  2659 San A                                                                                                       | Les Driver Carlos                                                                                                              | Phone Number                                                                        |
| Street Address, City,                                                                                                             | State, Zip Code                                                                                                                | , 100 2/835                                                                         |
| the location of the facility and the location for the proposed the location of existing or pro-                                   | d appurtenance;  well;  proced sewer lines and/or service disc                                                                 |                                                                                     |
| above ground and/or underes                                                                                                       |                                                                                                                                | urface water bodies;                                                                |
| The Applicant shall notify th<br>Division of Environmental He                                                                     | e Harnett County Health Director the                                                                                           | arough or by way of the Hand                                                        |
| there is a change in the intended                                                                                                 | oposed facility;<br>led use of the facility:                                                                                   | design.                                                                             |
|                                                                                                                                   |                                                                                                                                |                                                                                     |
| there is a need for installing t                                                                                                  | he waste water system in an area other                                                                                         | r than indicated on the well permit, or                                             |
| <ul> <li>there is a need for installing t</li> <li>there are landscape changed t</li> </ul>                                       | he waste water system in an area other                                                                                         |                                                                                     |
| there is a need for installing t<br>there are landscape changed t                                                                 | he waste water system in an area other<br>that affect site drainage.                                                           | ision - 910-893-7547                                                                |
| there is a need for installing t<br>there are landscape changed t                                                                 | he waste water system in an area other hat affect site drainage.  Environmental Health Div  PROPERTY INFOR                     | ision - 910-893-7547<br><u>MATION</u>                                               |
| 3. there is a need for installing to there are landscape changed to Contact information:                                          | he waste water system in an area other hat affect site drainage.  Environmental Health Div  PROPERTY INFORM  Proposed use of v | ision - 910-893-7547<br><u>MATION</u><br>vell                                       |
| there is a need for installing to there are landscape changed to the contact information:                                         | he waste water system in an area other hat affect site drainage.  Environmental Health Div  PROPERTY INFORM  Proposed use of v | ision - 910-893-7547<br><u>MATION</u><br>vell                                       |
| 3. there is a need for installing to there are landscape changed to Contact information:                                          | he waste water system in an area other hat affect site drainage.  Environmental Health Div  PROPERTY INFORM  Proposed use of v | ision - 910-893-7547<br><u>MATION</u><br>vell                                       |
| 3. there is a need for installing to there are landscape changed to Contact information:                                          | he waste water system in an area other hat affect site drainage.  Environmental Health Div  PROPERTY INFORM  Proposed use of v | ision - 910-893-7547<br><u>MATION</u><br>vell                                       |
| is there is a need for installing to there are landscape changed to contact information:  Single-Family Multistreet Address 4073  | Proposed use of v family   Church   Resta                                                                                      | ision - 910-893-7547  MATION  vell aurant   Business   Irrigation   odivision/Lot # |
| there is a need for installing to there are landscape changed to the contact information:  Single-Family Multistreet Address 4073 | Proposed use of v family   Church   Resta                                                                                      | ision - 910-893-7547  MATION  vell aurant  Business  Irrigation  odivision/Lot #    |

state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

making the site accessible so that a will can be properly constructed according to the permit.

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

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and