HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

DATE 11-19-92
NAME Jiane Edwards TELEPHONE NO. 919-499-6960
ADDRESS(current) POBOX M Olivia, NC 28368
PROPERTY OWNER Sum L. Hall
SUBDIVISION NAME UR LOT NO. UR
PROPERTY ADDRESS Olive NC, Olive Rd STATE ROAD NO. 1205
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO
DIRECTIONS Myhou 2) From Cillington to Barbecuse Church Acard turn B- so appear I miles - turn D onto Olivia Ad- properly appear to mile on B past Benhaven School SIZE OF LOT OR TRACT 2.5 aires
1. Type of dwelling back howe Basement with plumbing No 2. Number of Bedrooms 3 Garage (curport 3. Dishwasher 198 4. Garbage Disposal No
WATER SUPPLY - PRIVATE WELLCOMMUNITY SYSTEMCOUNTY
A <u>plot plan</u> must be attached to this application showing: 1)Setting of dwelling, 2) Desired placement of septic tank system and 3) well placement.
Place stakes at the exact location of dwelling and at each corner of lot.
An on site inspection must be made, which consists of a soil evaluation.
A zoning permit must be obtained from the Planning Department before an improvement permit can be issued by this department.
This certifies that all the above information is correct to the best of my knowledge and any false information will result in the denial of permit. Once the permit is issued, the permit is good for a period of 5 years. The permit is subject to revocation if site plans or the intended use change.
signature Dione Edwards

Revised (3-91)

SITE EVALUATION FORM

SPECIFY: S (suitable	e) P (provi	sionally)	U (unsuita	ble)
FACTORS	_ AREA 1 _	AREA 2 _	AREA 3 _	AREA 4
TOPOGRAPHY	<			
SOIL TEXTURE	P			2
SOIL STRUCTURE	P			
SOIL DEPTH	P			
RESTRICT HORIZON	P		7 t	
SOIL WETNESS	P			
OTHER		5		
SOIL GROUP	##			
SITE CLASSIFICATION	- \$ -		_	
LIST RECOMMENDATIONS		ND ALTERNA	TIVES:	-
111 2 125			C 1	= 26
DATE OF EVALUATION: 1/90 ************************************	11/24/9	Z BY:	*****	******
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