## HTE#05-500 12596 R T COUNTY HEALTH DEPARTM T

## IMPROVEMENT PERM 22701

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) Colin Watton Chas Chas Ham) New Installation Septic Tank Repair Property Location: SR# 1007 Nitrification Line Expansion Property Location: SR# 1057 Subdivision () 1/17 1/102

Subdivision Office a USASTAS	Lot #
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 5(32x68)	Lot Size: 3, 52AC
Basement with Plumbing: Garage: Acres	Grace 7-26-05 AHLARE
Water Supply:  Well Public  Commun	nity
Distance From Well: 55 ft.	. /
Following is the minimum specifications for sewage dis	sposal/system on above captioned property.
Subject to final approval.	i property.
Type of system: Conventional Other	
Size of tank: Septic Tank: 1500 gallons Pump	ank: gallons
Subsurface No. of exact length	width of depth of (2)
Subsurface No. of exact length of each ditch	$\mathfrak{L}_{\text{ft. ditches}} \mathfrak{Z}_{\text{ft. ditches}} \mathfrak{Z}_{\text{in.}}$
French Drain Required:Linear feet	7-16
	Date: 7-19-05
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	
21136	Signed: () 1 WMP1
242 546	
No Grase - Toi Blue F	
	10 120 BM Flar (0)
of DRNE	53 100
and DRNE SAN	
202 SBR	She Flas of Pepain
7263	13/ 485
	/ b> (a)
50- 46	Blue Flax
Blue Fm	
N 693	Pour pole

Meet onsite Before Installing
Keep septe system within Area marked By my Blue Flags
Do not Remove my Blue Flags during Let Charing

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTLUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 05-500 /2596R. 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.

Color of the color
(olin Watson Chas Chas Home)
Telephone #
Address
$\frac{1007}{100}$
Property Location SR#  Road Name
Ollie J Do-ylas 1 5(32x68) 3.52Ac
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank [ Nitrification Lines
Conventional [ ] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 400
Width of ditchesft. Depth of ditchesinches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered and a line
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 Operation B.
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnett County

Initial Application Date:

Application #	2K	96	R
Revised	H	23	100

## **COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: DOLLIE DOLG A.	5	Mailing Addres	s: 808 h	JUODCLIFT	DRIVE
City: FAYRTHEWICK	State: /	√∠ Zip: 28:	3// Phone #	910 482	3822
APPLICANT: EOUN WATSON CH	oo clookom	<b>€</b> Mailing Addres	s: 4209	BRACE	BLUD
City: FAYETTEUICUE	State: A	Vc Zin: 283	• Phone #	910 818	2731
Oily.			Thone #.		
PROPERTY LOCATION: SR#: /00) Address: (or /3 cy flass	SR Name:	cyprass	CKURCH	<b>Z</b> D	
Address: Cot 13 Cy Miss	CHURCH A	ON CAMA	RON MC.	28326	
Parcel: <u>Q 9504 (017</u>		PIN:	XI-12-1X	MD (VOC)	
Zoning: KHOCH Subdivision: (11)	Jude	6	Loh#		Lot Size: 3.50
Flood Plain: Panel:	Watershed:	Deed Book/l	Page: <u>944/</u> L	Plat Bo	ook/Page: DD2 6
DIRECTIONS TO THE PROPERTY FROM LILL		Tu 244 FOR	t Mill	The on H	ILL MON GROVE LO
For 3 MILLS T/R ON	cy PALSS CH	WACH ROAD	for A	PPROD 2 M	HORS TO LOT
# 10 ON LRFT	7				
	1-000	\			
PROPOSED USE: M. Du CA				1 .	·
Sg. Family Dwelling (Size 32 x 68) # 6	of Bedrooms 5 #	Baths 3 Basem	ا اent (w/wo bath)	Garage 2	Deck NA
☐ Multi-Family Dwelling No. Units				ton	monto
☐ Manufactured Home (Size x ) #				(101	"CIOCCO)
Number of persons per household	•		.1		. 1 0
☐ Business Sq. Ft. Retail Space		Type	1/22-1	ecided r	ry to do (Yarc
□ Industry Sq. Ft			MM	ed Sit Ty	30 Opina
☐ Church Seating Capacity			Spaller	on cm	urge to custor
			Signific.		age 10 cestos
Home Occupation (Sizex)			rmed	thacas	or of the
Additional Information:			o pos solao	TO AMON	40/01/
Accessory Building (Sizex)			WY WALKER		
Addition to Existing Building (Sizexxx	) Use				
Other					
Additional Information:			<b>F</b>	-1-1     -	-:4 Data:
Water Supply: (🗹) County () Well (No	-			ntai Health Site Vi	sit Date:
Sewage Supply: ( <a>') New Septic Tank</a> ( <a>) Ex</a>		) County Sewer	() Other		
Erosion & Sedimentation Control Plan Required?					
Property owner of this tract of land own land that	1		nundred feet (500'	) of tract listed abov	e? YES NO
Structures on this tract of land: Single family dwe	VENTON PORT	ufactured homes	Other (spe	cify)	
Required Residential Property Line Setbacks:	Allen	Minimum	Actual	1	
	Front	35	DOG NERIV	>,	
	Rear	25	476		
			50		
	Side	10			
	Corner	20	200		
	Nearest Building	10	/00		
f permits are granted I agree to conform to all o	ordinances and the la	aws of the State of I	North Carolina rec	ulating such work	and the specifications or
plans submitted. I berely swear that the foregoin					
A I	g =		-	,	
//L Win			7-12.	-01	

Signature of Owner or Owner's Agent Date

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

