

|  |  |   |  | ~P   | plication #  |  |
|--|--|---|--|--|--|--|
|  |  |   |  |  |  |  |
| С  | Central Permitting   |   |  | ESIDENTIAL LAND USE APPLI<br>Phone: (910) 893-7525 ext:2   |  | www.harnett.org/permits  |
|  | "A RECORDED SUR  | EVEY MAP, RECORDED DEED (OF   | R OFFER TO PUR   | CHASE) & SITE PLAN ARE REQUIRE   | D WHEN SUBMITTING A LA   | ND USE APPLICATION**   |
|  | OWNER: Wellco Co   |   |  |  |  |  |
|  |  |   |  | Mailing Address: PO Box  |  |  |
| City:                                    | pring Lake   | State: NC   | Zip.20390  | Contact No: 910-436-3131   | Email: WELLCO@   | WSWELLONSREALTY.CO   |
| APPLI                                    | ICANT*: WELLCO C   | ONTRACTORS INC  | _ Mailing Add  | ress: PO Box 766   |  |  |
| City: _S                                 | Spring Lake  | State: NC;  | Zip:(  | Contact No: 910-436-3131   | Email: WELLCO@   | WSWELLONSREALTY.CO   |
|  |  |   |  |  |  |  |
|  |  |   |  | 28390 <sub>PIN:</sub> 0506-43-7049   | .000   |  |
|  |  |   |  | d Book / Page:863-0792   |  |  |
| Setba                                    | acks – Front: <u>5</u>   | 5' Back: <u>83.49'</u>  | Side:34.1  | Corner: $N/A$  |  |  |
|  | POSED USE:   |   |  |  |  |  |
|  |  | O'M Dadana H M Dalla  | . D  | (w/wo bath): Garage: X _ [   | S  | Monolithic   |
| M 2                                      | SPU. (Size TU X OC   |   |  | _) no_w/ a closet? (🔀) yes (   |  |  |
|  |  | (15 the bolids room misried   | . ( <u>A</u> ) yes (_  |  | ) no (ii yes add iii willi w   | bedrooms)  |
| □ м                                      | Mod: (Size x   | ) # Bedrooms # Baths  | Basement   | (w/wo bath) Garage: S  | Site Built Deck: On  | Frame Off Frame  |
|  |  |   |  | ) no Any other site built addit  |  |  |
|  |  |   |  |  |  |  |
| □ м                                      | Manufactured Home:   | _SW _ DW _ TW (Size   | ex   | ) # Bedrooms: Garage:_   | (site built?) Deck   | _(site built?)   |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| <b>D</b> D                               | Ouplex: (Sizex_  | ) No. Buildings:  | No. E  | Bedrooms Per Unit:   |  |  |
|  |  |   |  | Bedrooms Per Unit:  Hours of Operation:  |  | #Employees:  |
| п н                                      | dome Occupation: # R   | ooms:Use:_  |  | Hours of Operation:  |  |  |
| п н                                      | dome Occupation: # R   | ooms:Use:_  |  |  |  |  |
| □ н<br>□ А                               | Home Occupation: # R   | ooms:Use:_<br>ner: (Sizex) Use  | :  | Hours of Operation:  | Closets in a   | addition? () yes () no   |
| □ H □ A Water                            | dome Occupation: # R addition/Accessory/Oth  | ooms:Use:   | :New Well (1   | Hours of Operation:  | Closets in a   | addition? () yes () no   |
| □ H □ A Water                            | dome Occupation: # R  Addition/Accessory/Oth  Supply: _X Count  De Supply: X New   | ooms:Use:_  ner: (Sizex) Use:  ly Existing Well  Septic Tank Expansion  | New Well (* (Need to Co  | Hours of Operation:  # of dwellings using well pmplete New Well Application at 1   | Closets in a   | addition? ( yes () no  |
| ☐ H ☐ A Water Sewag                      | Home Occupation: # R Addition/Accessory/Oth Supply: _X_ Count ge Supply: X New (Complete E   | ooms:Use:_ ner: (Sizex) Use: ly Existing Well Septic Tank Expansion Environmental Health Checklis   | New Well (#  | Hours of Operation:  # of dwellings using well pmplete New Well Application at 1   | Closets in a<br>) *Must have operabl<br>he same time as New Ta<br>X_ County Sewer  | e water before final   |
| ☐ H ☐ A Water Sewag                      | dome Occupation: # R  Addition/Accessory/Oth  Supply: X Count  Ge Supply: X New (Complete E owner of this tract of la                          | ooms:Use:_ ner: (Sizex) Use: ly Existing Well Septic Tank Expansion Environmental Health Checklis   | New Well (f<br>(Need to Co<br>n Relocati<br>st on other side<br>manufactured | Hours of Operation:  # of dwellings using well emplete New Well Application at to    Existing Septic Tank e of application if Septic) home within five hundred feet (5)  | Closets in a<br>) *Must have operabl<br>he same time as New Ta<br>X_ County Sewer  | e water before final   |
| ☐ H ☐ A Water Sewag Does c               | dome Occupation: # R  addition/Accessory/Oth  Supply: X Count  Ge Supply: X New (Complete E  owner of this tract of la  the property contain a | ooms:Use:_  ner: (Sizex) Use:  ly Existing Well  Septic Tank Expansion Environmental Health Checklinand, own land that contains a ny easements whether under  | New Well (# Need to Co n Relocati st on other side manufactured              | Hours of Operation:  # of dwellings using well  mplete New Well Application at toonExisting Septic Tank e of application if Septic) home within five hundred feet (5) head () yes (X) no   | Closets in a ) *Must have operable the same time as New Ta X_ County Sewer 00') of tract listed above?                                     | e water before final ank)  |
| ☐ H  Water Sewag Does c  Does t  Structu | Addition/Accessory/Oth Supply: X Count ge Supply: X New (Complete E owner of this tract of la the property contain a ures (existing or propo   | ooms:Use:_  ther: (Sizex) Use:_  ty Existing Well  Septic TankExpansion Environmental Health Checklis and, own land that contains a ny easements whether under  to sed): Single family dwellings are to conform to all ordinances | New Well (#  | Hours of Operation:  # of dwellings using well pmplete New Well Application at toonExisting Septic Tanke of application if Septic) home within five hundred feet (5 thead () yes (_X') no  Manufactured Homes:  The State of North Carolina regula                                       | Closets in a ) *Must have operable he same time as New Ta X_ County Sewer  00') of tract listed above? Other (specting such work and the s | e water before final ank)  ? ( yes () no  ecify): pecifications of plans submitted |
| ☐ H  Water Sewag Does c  Does t  Structu | Addition/Accessory/Oth Supply: X Count ge Supply: X New (Complete E owner of this tract of la the property contain a ures (existing or propo   | ooms:Use:_  ther: (Sizex) Use:_  ty Existing Well  Septic TankExpansion Environmental Health Checklis and, own land that contains a ny easements whether under  to sed): Single family dwellings are to conform to all ordinances | New Well (#  | Hours of Operation:  # of dwellings using well  mplete New Well Application at the constraint of Septic Tank  of application if Septic) home within five hundred feet (5) head () yes (_X) no  Manufactured Homes:  ne State of North Carolina regulation best of my knowledge. Permit s | Closets in a ) *Must have operable he same time as New Ta X_ County Sewer  00') of tract listed above? Other (specting such work and the s | e water before final ank)  ? () yes () no ecify): pecifications of plans submitt   |

APPLICATION CONTINUES ON BACK

strong roots · new growth

\*This application expires 6 months from the initial date if permits have not been issued\*\*



## \*\*This application expires 6 months from the initial date if permits have not been issued\*\*

\*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.
- 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

## "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

| SEPTIC  If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  |                        |   |  |  |  |  |  |  |
|--|------------------------|---|--|--|--|--|--|--|
| { } Accepted   |                        | { } Innovative {x } Conventional { } Any  |  |  |  |  |  |  |
| { } Alternative  |                        | { } Other   |  |  |  |  |  |  |
| The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: |                        |   |  |  |  |  |  |  |
| { }YES   | {x } NO                | Does the site contain any Jurisdictional Wetlands?  |  |  |  |  |  |  |
| { }YES   | { x } NO               | Do you plan to have an <u>irrigation system</u> now or in the future?                     |  |  |  |  |  |  |
| { }YES   | $\{x\}$ NO             | Does or will the building contain any drains? Please explain.                             |  |  |  |  |  |  |
| ( )YES   | (X _) NO               | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |  |  |  |  |  |  |
| { }YES   | {X_} NO                | Is any wastewater going to be generated on the site other than domestic sewage?           |  |  |  |  |  |  |
| { }YES   | {x } NO                | Is the site subject to approval by any other Public Agency?                               |  |  |  |  |  |  |
| { }YES   | $\{\underline{x}\}$ NO | Are there any Easements or Right of Ways on this property?                                |  |  |  |  |  |  |
| { }YES   | $\{x\}$ NO             | Does the site contain any existing water, cable, phone or underground electric lines?     |  |  |  |  |  |  |
|  |                        | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service    |  |  |  |  |  |  |

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.