

PAID

DATE 4-18-91 AMT. 111-

RECEIPT # 11303 CK # 1097

REC'D BY *no*

E.H. SPECL *Allen*

NEUSE RIVER

N15-47E 222.04'

N15-11W 50.58'

PROPOSED HOME LOCATION FOR HARVEY V. STAUBER, JR. LOT 18 SLICK ROCK FARMS D.B. 1201 P. 110

(17)

(18)

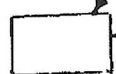
(19)

5.7 AC

S 81-01 E 847.71'

S 83-18 W 813.24'

PROPOSED Tank & lines HOME LOCATION



120'

high ground IN SCALE 1"=100'

REAR

WELL SHOULD BE LOCATED A MIN. DISTANCE FROM SOURCES OF CONTAMINATION SUCH AS BUILDING FOUNDATIONS, SEWER LINES, PESTS, FUEL OIL TANKS, ANIMALS, ETC.

N 03-11 W 300'

Rock Road NCSR 2051

WAYNE COUNTY HEALTH DEPARTMENT

REF. NO. <u>2164</u>	IMPROVEMENT PERMIT	DATE <u>4-18-91</u>	TWP. <u>New Hope</u>	CHASSIS NO. <u>4-2051 HVS18</u>
REQUESTER <u>Harvey V. Stauber Jr.</u>		OWNER <u>Some</u>		
<u>Rt 3 Box 355-N2</u>		<u>Goldsboro NC</u>		

TELEPHONE SPECIFICATIONS

LOCATION/DIRECTIONS 3 BR House

LAND SIZE SR 2051 / Slip Rock Farms / Sect I / Lot 18

FEE 111 LAND SIZE 5.7 acres SIGNATURE OF OWNER OR AUTHORIZED AGENT [Signature]

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM, AND AUTHORIZES WAYNE COUNTY HEALTH DEPARTMENT PERSONNEL TO GO ON THIS PROPERTY FOR EVALUATION

RECORDS 1/2 DISPOSAL 1/2 OTHER 1/2 TYPE SYS C

SZ. TANK 900 SZ. CHAMBS 1/2 NITRIFI 6782 OPER. REQ 1/2

SITE LOC See plat plan Hoop feet

REMARKS:

PAID

DATE 4-18-91 AMT. 111

RECEIPT # 11303 CK # 7097

REC'D BY [Signature]

E.H. SPEC. [Signature]

DATE ISSUED 4-18-91 SANITARIAN WIMR Baumann

DATE APPROVED 7-23-91 SANITARIAN Wimr Baumann

WAYNE COUNTY HEALTH DEPARTMENT
(APPLICATION FOR AN IMPROVEMENTS PERMIT)

*SCALED PLAT OF PROPERTY MUST BE ATTACHED TO THIS APPLICATION

Property Owner HARVEY V. STAUSER, JR Address (Mailing) RT 3 Box 355-N2
Office
Phone Number 778-4277 KINSTON
Address of Property ROCK ROAD Township NEW HOPE SR. # 2051
Subdivision SUCK ROCK FARMS Lot Number 18 Section 1
Proposed Building () Bedroom House () Bedroom Mobile Home () Other (specify) _____
Number of bedrooms in each dwelling 3
If Business or Industry give number of employees _____ Daily Estimated Sewage Flow _____ (Gal.)

This evaluation is for domestic sewage only.

Will facility include:

Dishwashing Machine
Garbage Disposal or Grinder _____
Washing Machine

TYPE OF WATER SUPPLY: _____ PUBLIC INDIVIDUAL (NON-PUBLIC)

Size of Property: (Sq. Ft. or Acres) 5.7 AC.

Directions to Property NC 111 So. To SR 1912, Rt on SR 1912
LEFT ON SR 2050, RIGHT ON SR 2051, SECOND LOT
ON LEFT

I hereby make application for an Improvements Permit and authorize Wayne County Health Department Personnel to go on said property to make an evaluation of _____

Remarks _____

PAID
DATE 4-18-91 AMT. 111
RECEIPT # 11303 CK # 1092

NOTE: Permits are valid for five (5) years but are subject to revocation if site plans or the intended use change. REC'D BY [Signature]

*No Improvements Permit will be issued until a scaled plot plan of property (Showing proposed building, driveways, parking facilities, etc.) is submitted. The scaled plat of the property must be prepared (Certified) by a registered surveyor.

PROPERTY LOCATED WITHIN ZONING JURISDICTION OF COUNTY
(City or County)

Owner or Surveyor or Engineer (Representing Owner) [Signature] L-2800 Registration No. and/or Seal

Date: 4/15/91