COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

Signature of Applicant

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

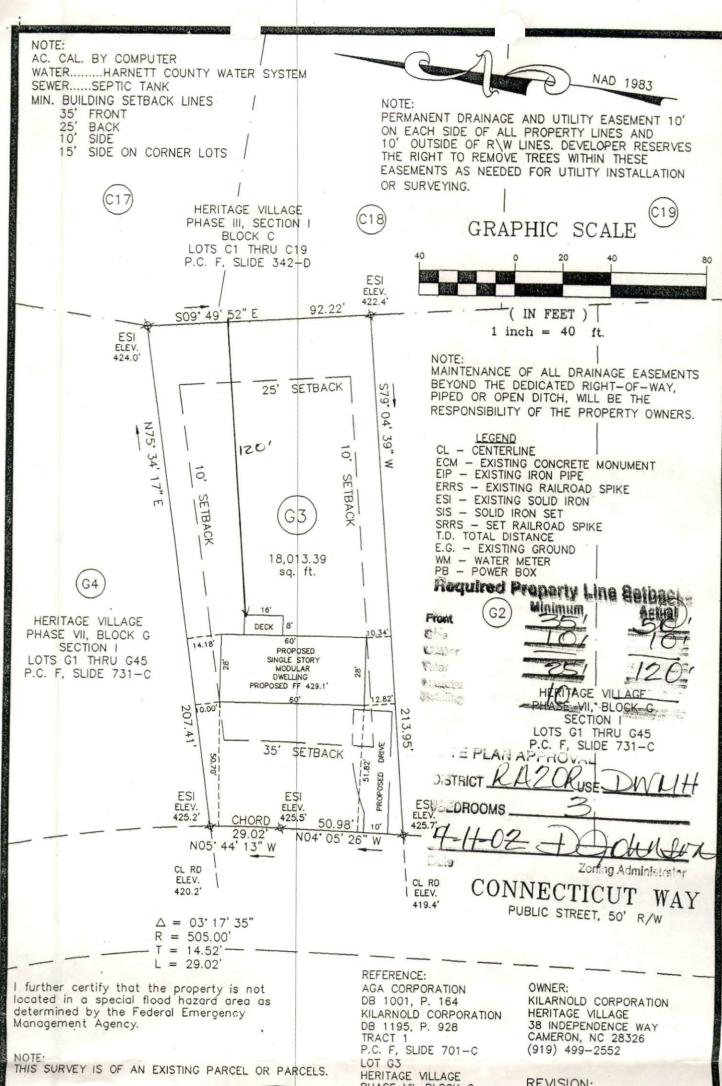
Fax: (910) 893-2793

LANDOWNER: _KILARNOLD, CORP. Mailing Address: 260 LAKEVIEW DRIVE	
City: <u>SANFORD</u> State: <u>N.C.</u> Zip: <u>27332</u> Phone #: 919-499-6313	
APPLICANT: JUDITH L. SWEENER Mailing Address: 125 PATSY LEMON LANE	
City: LILLINGTON State: N.C. Zip: 27546 Phone #: 919-498-0244	
PROPERTY LOCATION: SR #: 24 SR Name: HW 24	
Parcel: 09-95/5-03-0185-03 PIN:	
Zoning: RA 20 R Subdivision: HERITAGE VILLAGE Lot #: G3 Lot Size: 41 ac	:
Flood Plain: X Panel: 165 Watershed: NA Deed Book/Page: OTP Plat Book/Page: pcf731	LC
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HIGHWAY 27 TOJOHNSONVILLE, LEFTON24, 2MILES	
TOHERITAGE VILLAGE ON RIGHT TO LOT G3	
PROPOSED USE:	
☐ Sg. Family Dwelling (Sizex) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck	
☐ Multi-Family Dwelling No. Units No. Bedrooms/Unit	42
Manufactured Home (Size 28 x 60) # of Bedrooms 3 Garage Deck 8X16	
Comments:	- Sic
Number of persons per household	1,
Business Sq. Ft. Retail Space Type	roof
2. Manufactured home must have underping	ning.
Home Occupation (Size x) #Rooms Use 3. Moving apparatus must be removed, und	er
Accessory Building (Size x) Use pinned, or landscaped. Addition to Existing Building (Size x) Use 4. Steps 2&3 completed w/in 60 days of C.C	_
issuance).
Other	
Water Supply: K County () Well (No. dwellings () Other	
Sewage Supply: (X) New Septic Tank () Existing Septic Tank () County Sewer () Other	
Erosion & Sedimentation Control Plan Required? YES NO	
Structures on this tract of land: Single family dwellings Manufactured homes 1 Other (specify)	
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES (NOX)	
Required Property Line Setbacks: Minimum Actual Minimum Actual	
Front <u>35</u> <u>50</u> Rear <u>25</u> <u>120</u>	
Side 10	
Nearest Building 10	
	itted I
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submithereby swear that the foregoing statements are accurate and correct to the best of my knowledge.	nitted. I

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

SITE/SOIL EVALUATI_ I FOR ON-SITE WAST_ JATER

FACTORS		PROFILES									
		1	2	3	4	- 5	6	7	8	9	10
LANDSCAPE POSITION	.1940		 			-					_
SLOPE (%)	.1940	-				2 2 4 4 5					
HORIZON 1 DEPTH				Y St. St. U							
TEXTURE GROUP	.1941(A)(1)								ette tra		
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STRUCTURE	.1941(A)(2)	Marie Company									
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HORIZON 3 DEPTH			AND AND A			en ja ja ja	D. Fr. Collaboration				
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TEXTURE GROUP	.1941(A)(1)				eta e al redu						0, 3, 4, 5
CONSISTENCE	.1941										
STRUCTURE	.1941(A)(2)										N.
MINERALOGY	.1941(A)(3)										
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/.1956										
CLASSIFICATION	.1948										
LONG TERM ACCEPTANCE RANGE	.1955										



REVISION:

HARNETT COUNTY HEALTH DEPARTMENT

Nº 12518

IPROVEMENT PEF IT

tion of any buil	lding at wh	ich a septio	tank system	is to be used	for disposal	of sewage with	out first obtai	shall begin construc- ning a written permit
Name: (own	er) K	JARNO	ld Cor	ρ		New Insta	llation 🞾	Septic Tank
Property Loc	cation: S	SR# }	WYRY	•		New Insta	A	Nitrification Line
Subdivision	Her	HAGE	Village	-			Lot #_	6-3
Tax ID #			0			_ Quadrant	#	<u> </u>
Number of E	Bedrooms	Proposed	1:		Lot	Size: 18, 0	013 59/	14
Basement w				Garag				
Water Suppl			•	Com	munity			
Distance Fro	om Well: _	50	min_ft.					
final approva	al.							perty. Subject to
distribution (2001)	/							_
Size of tank						np Tank:		
Subsurface Drainage Fi						ditches	ft. ditch	n of in.
This permi	t is subje	ct to revo	ocation if si	Γ	Date: 8	13-97 J. W. Environmo	ARS ental Health	
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DAKNETT COUNTY DEALTH DEFARTMENT

AUTTORIZATION TO CONSTRUCT

by Harnett County Health Department Improvem shall be valid for a period not to exceed five (5) yes will be invalid if ownership, site plans, or intended	ars from the date of issuance. This authorization
Owner or Authorized Agent KARCOLD	
Name:	
Address:	
Property Location: SR#HWY 24	Road Name
New Installation Sep	tic Tank X Nitrification Lines X
Subdivision Heritage Villag	eLot#_G3
Number of Bedrooms Proposed:	
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	Minimum Well Setback: ft.
Type of System: Conventional Other _	
Tank Volume: Septic Tank/000 gallons	Pump Chamber gallons
Nitrification Field	I Specifications
Number of fields Number of Lines per Fie	
Width of ditches ft. Depth of ditches _	18 inches
French Drain: Linear feet required	Depth of gravel
No wastewater system shall be covered or placed into I arnett County Health Department has determined the conditions of the improvement permit and that a	that the system has been installed according to
Authorized Agent for Harnett County Health Department (2/96)CNSTRCT.WPD	