Application

73-50005146

---.VTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

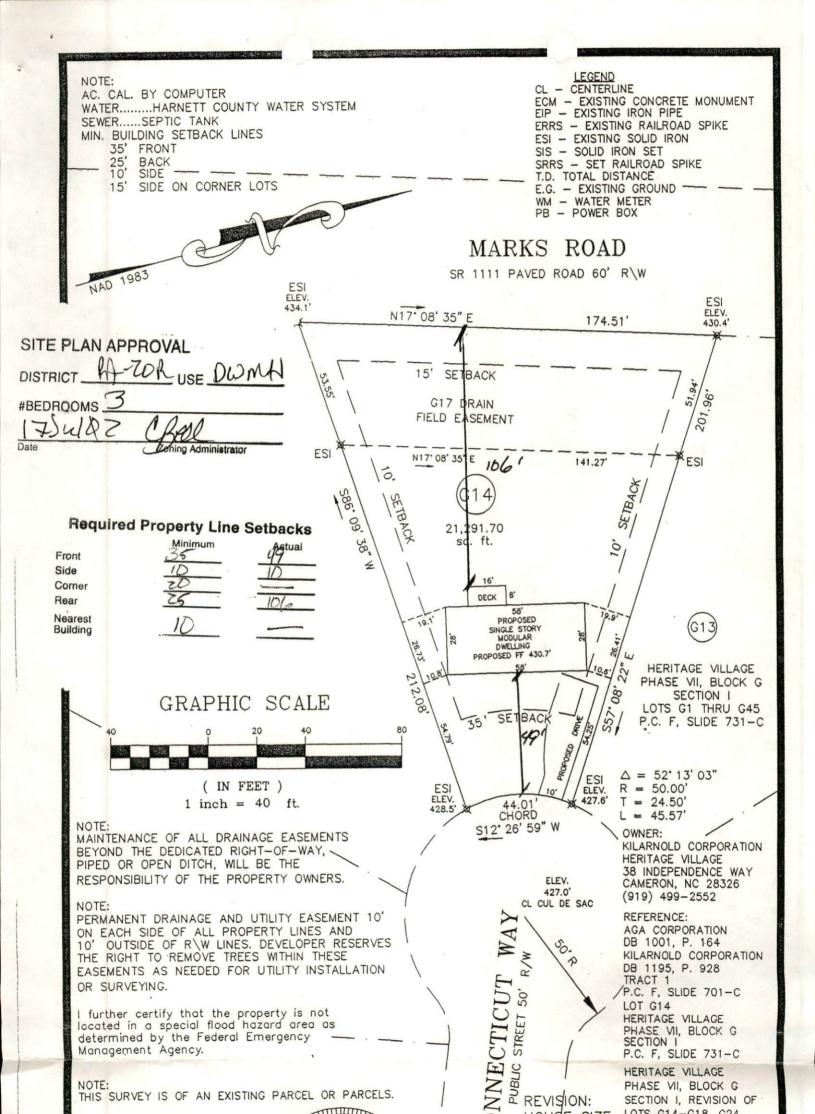
Fax: (910) 893-2793

I ANDOWNER KIT ADNOT D. CORD	20			£	*2
LANDOWNER: KILARNOLD, CORP City: SANFORD		Mailing Address: 26	O LAKEVIEW	DRIVE	
City. SANTORD	State: NC	Zip: 27332		9-499-6313	
APPLICANT. TUDITULE					E L
APPLICANT: JUDITH L. SWEENER		Mailing Address: 12	PATSY LEM	ON LANE	
City: LILLINGTON	State: NC	Zip: 27546	Phone #: 91	9-498-0244	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PROPERTY LOCATION: SR #: 24	SR Name:				
Parcel: 09-9575-03-0185-14	P	N: 9575-3-5	2-0946		
Zoning: RA 20 R Subdivision: HERITAGE	VILLAGE	,	Lot#: G14	Lot Size: 49a	C -
Sol Classic Panel: 165 Water	shed: NA	Deed Book/Page:	otp Plat B	ook/Page: pcf 73	31c
DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Highway 27	to Johnsonvi	lle turn 16	eft on	
24 go 2 miles to Heritage	Village on	right to lot	G14	210 011	-
				7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
100	ornectice	y Way			
PROPOSED USE:		. 0			
☐ Sg. Family Dwelling (Sizex) # of Bedrooms	# Baths	Basement (w/wo bat	h) Garage	Deck	
Multi-ramily Dwelling No. Units	No. Bedrooms/Unit_				
Manufactured Home (Size 28 x 58) # of Bedrooms	Garage	Deck 8X16	5		
Comments:				78. 3	
Number of persons per household			é		
☐ Business Sq. Ft. Retail Space		Туре			
☐ Industry Sq. Ft			actured home mus		
☐ Home Occupation (Sizex) #Roor ☐ Accessory Building (Sizex) Use ☐ Addition to Existing Building (Sizex)	ns	Use3. Movin	g apparatus must b	removed underpinnin	g.
Accessory Building (Size x Use _	,	pinned	, or landscaped.		
Addition to Existing Building (Sizex)	Use	4. Steps	2&3 completed w/i	n 60 days of C.O.	
- other		A STATE OF THE STA		· ·	
Water Supply: (X) County () Well (No. dwelling	gs	Other			*
Sewage Supply: (X) New Septic Tank () Existing Sep		County Sewer () (Other	4.	
Erosion & Sedimentation Control Plan Required? YES		0.01			
Structures on this tract of land: Single family dwellings	Manufactured	homes 1 (sp	ecify)		
Property owner of this tract of land own land that contains a ma	inufactured home w/ii	n five hundred feet (500') of	tract listed above?	YES NO X	
Required Property Line Setbacks: Minimum	Actual	Minimum	Actual		
Front <u>35</u>	49	Rear _25_	106		
Side	10	Corner 20			
Nearest Building 10	NA			*	
If permits are granted I agree to conform to all ordinances and	the laws of the State	of North Carolina			
hereby swear that the foregoing statements are accurate and cor	rect to the best of	knowledge	such work and the spec	ifications or plans subm	nitted. I
N	reet to the best of my	knowledge.		2	
		1.4			

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

SITE/SOIL EVALUATION FOR ON-SITE WASTEWATER

FACTORS		PROFILES									
		1	2	3	4	- 5	6	7	8	9	10
LANDSCAPE POSITION	.1940		+			+	 	1			
SLOPE (%)	.1940		1			1					-
HORIZON 1 DEPTH			+			1	-	-			-
TEXTURE GROUP	.1941(A)(1)		1			+	-	-			
CONSISTENCE	.1941		1			+		-			-
STRUCTURE	.1941(A)(2)		1			+		-	-		-
MINERALOGY	.1941(A)(3)		+			+	-				
HORIZON 2 DEPTH	1		+	<u> </u>				+			-
TEXTURE GROUP	.1941(A)(1)		+			+	-				
CONSISTENCE	.1941		+		<u> </u>	+'					-
STRUCTURE	.1941(A)(2)		1			+		+			
MINERALOGY	.1941(A)(3)		-			+	C 100				
HORIZON 3 DEPTH	8			\vdash		+		-			
TEXTURE GROUP	.1941(A)(1)		+	\vdash		+	-	-			
CONSISTENCE	.1941		1			+		-			
STRUCTURE	.1941(A)(2)		-			+	-	1			
MINERALOGY	.1941(A)(3)		+			 	-	 			
HORIZON 4 DEPTH			1			-					
TEXTURE GROUP	.1941(A)(1)					1					
CONSISTENCE	.1941					1	-	1			
STRUCTURE	.1941(A)(2)		-			-		-			
MINERALOGY	.1941(A)(3)		+					-		—	
SOIL WETNESS	.1942					+		-		—	
RESTRICTIVE HORIZON	.1944		1					-			
SAPROLITE	.1943/.1956					-		1		-	
CLASSIFICATION	.1948		+								
LONG TERM ACCEPTANCE RANGE	.1955		2								



HARNETT COUNTY HEALTH DEPARTMENT

Nº 12527

MPROVEMENT PE.../IIT

Be it ordained by the Harnett County Board of Health as followed in the following at which a septic tank system is to be used for different the Harnett County Health Department."	isposal of sewage without first	obtaining a written permit
Name: (owner) Kil Arnold Corp	New Installation	Septic Tank
Property Location: SR#_HWY 24	Repairs	Nitrification Line
Subdivision Heritage VIIIAge	Lot	# 6-14
Tax ID #	Quadrant #	2
	Lot Size: 21291 S	9 64
Basement with Plumbing: Garage:	a must meet	onsite
Water Supply: Well Public Communit	Before Install	110
Distance From Well: 50 min ft.	Betore Install	ing
Following is the minimum specifications for sewage disposal final approval. Type of system: Conventional Other		
Size of tank: Sentic Tank: (000 gallons	To Convention	7 1
ganons	Pump Tank: 1000 gal	lons
Subsurface No. of ditches ditches exact length of each ditch 50	ft. ditches 3 ft di	tches 18,24 in
French Drain Required: Linear feet	II. ui	telles 10 k I III.
Date	8-19-97	
This permit is subject to revocation if site	. gorlite	
Mult Meet Onsik Before Tostalling	Environmental Heal	lth Specialist
18-24 VIEL DATE 23		
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AUT ORIZATION TO COL TRUCT

by Harnett County Health Department Improvement shall be valid for a period not to exceed five (5) year will be invalid if ownership, site plans, or intended up	s from the date of issuance. This authorization use change.				
Owner or Authorized Agent KAROSICI	Corp				
Name:	Telephone #				
Address:					
Property Location: SR#	Road Name				
New Installation Repair Septi	ic Tank Nitrification Lines				
Subdivision Heritage Village	Lot # 6-14				
Number of Bedrooms Proposed:	Lot size: 21, 291 5, F+				
Basement With Plumbing	Without Plumbing				
Water Supply: Well Public	Minimum Well Setback: ft.				
Type of System: Conventional Other					
Tank Volume: Septic Tank/COO gallons	Pump Chamber / gallons				
Nitrification Field					
Number of fields Number of Lines per Field	d Length of lines				
Width of ditches ft. Depth of ditches	18-24 inches				
French Drain: Linear feet required Depth of gravel					
No wastewater system shall be covered or placed into Harnett County Health Department has determined the conditions of the improvement permit and that a	hat the system has been installed according to				
Authorized Agent for Harnett County Health Depart					
Name: (// L) AP)	Date: 8-13-97				

(Revised 2/96)CNSTRCT.WPD