

Initial Application Date 6/22/04

OT

41 main m ferguson Application # 14-59769R  
COUNTY OF HARNETT LAND USE APPLICATION

10-15-04

Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: Mike Ray Mailing Address: 3417 Spring Hill Ch Rd  
City: Lillington State: N.C Zip: 27546 Phone #: 499 8382

APPLICANT: Mike Ray Mailing Address: 3417 Spring Hill Ch Rd  
City: Lillington State: NC Zip: 27546 Phone #: 499 8382

PROPERTY LOCATION: SR #: 1291 SR Name: Old US 421  
Parcel: 130630 002906 PIN: 0030-65-8013 8944  
Zoning: RA30 Subdivision: Mamie Bell Ridge Lot #: 5 Lot Size: .67  
Flood Plain: X Panel: 80 Watershed: IV Deed Book/Page: 1513/921 Plat Book/Page: 03-1131

If located with a Watershed indicate the % of Imperious Surface: \_\_\_\_\_  
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:  
From Lillington take old 421 North subdivision is 2 1/2 mile on Right

PROPOSED USE:  
 Sg. Family Dwelling (Size 53x59 # of Bedrooms 3 # Baths 2 Basement (w/wo bath) \_\_\_\_\_ Garage  Deck   
 Multi-Family Dwelling No. Units \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_  
 Manufactured Home (Size \_\_\_\_\_ x \_\_\_\_\_) # of Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_

Comments: \_\_\_\_\_  
 Number of persons per household Spec  
 Business Sq. Ft. Retail Space \_\_\_\_\_ Type \_\_\_\_\_  
 Industry Sq. Ft. \_\_\_\_\_ Type \_\_\_\_\_  
 Home Occupation (Size \_\_\_\_\_ x \_\_\_\_\_) # Rooms \_\_\_\_\_ Use \_\_\_\_\_  
 Accessory Building (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_  
 Addition to Existing Building (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_  
 Other \_\_\_\_\_

Water Supply:  County  Well (No. dwellings \_\_\_\_\_)  Other \_\_\_\_\_  
Sewage Supply:  New Septic Tank  Existing Septic Tank  County Sewer  Other \_\_\_\_\_

Erosion & Sedimentation Control Plan Required? YES \_\_\_\_\_ NO proposed  
Structures on this tract of land: Single family dwellings \_\_\_\_\_ Manufactured homes \_\_\_\_\_ 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  NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35'</u>	<u>40'</u>	Rear	<u>25'</u> <u>210'</u> <u>200'</u>
Side	<u>10'</u>	<u>30'</u>	Corner	_____
Nearest Building	_____	_____		

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 submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Michael Ray  
Signature of Owner or Owner's Agent

6-22-04  
Date

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

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

38410265

Revised  
SITE PLAN APPROVAL

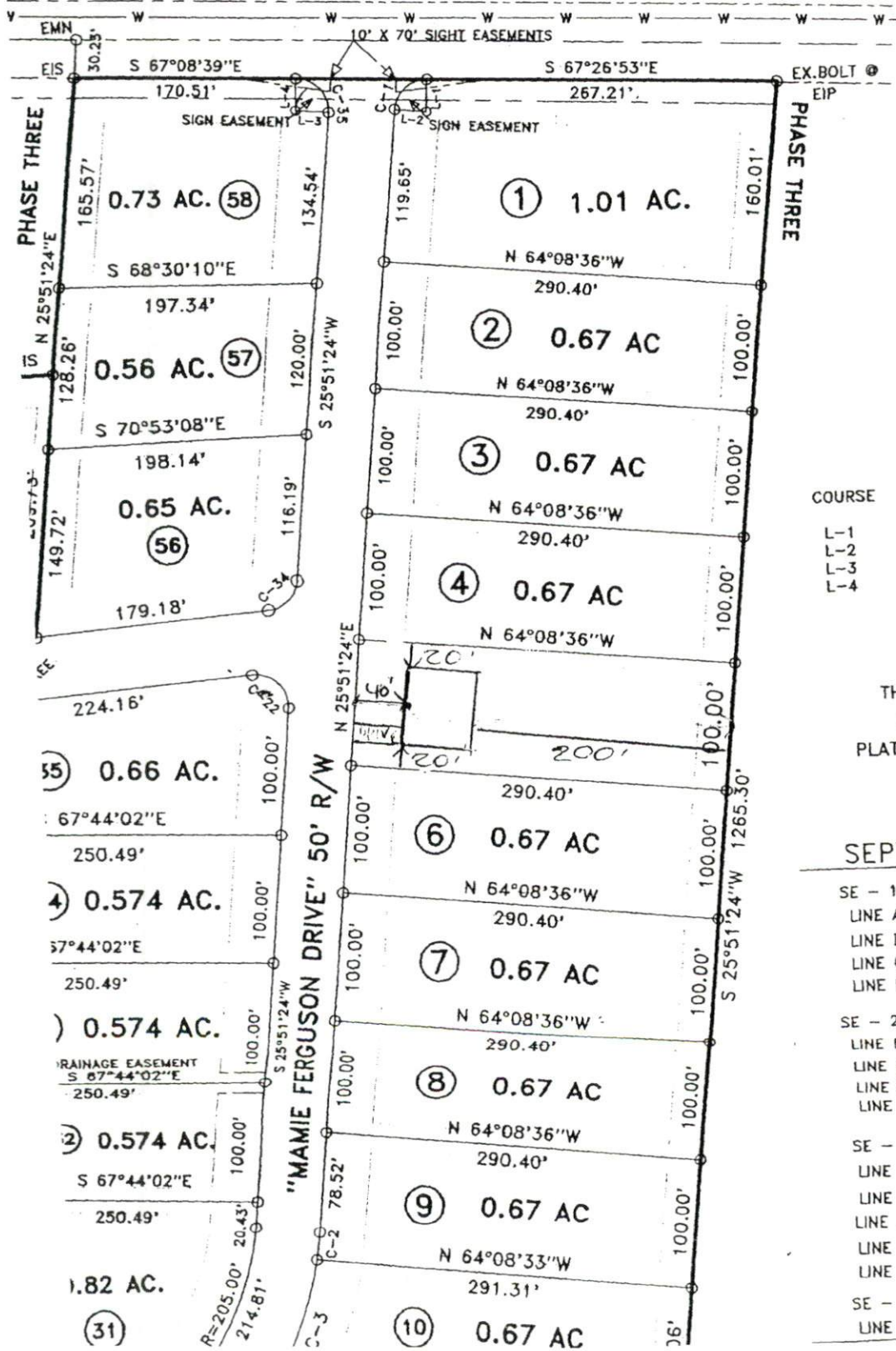
DISTRICT RA30 USE SFD  
#BEDROOMS 3

F=120

Date 6/22/84 Drusselle  
Zoning Administrator R. Johnson

NCSR # 1291

"OLD US 421" 10-15-04



MAP NO. 2000-28  
MAGNETIC NORTH

COURSE	BEARING	DISTANCE
L-1	S 22°43'44"W	25.00'
L-2	N 64°08'36"W	25.00'
L-3	N 64°08'36"W	25.00'
L-4	N 22°25'22"E	25.00'

THURMAN M. BROWN  
DB 902, PG 318  
PLAT CAB.D, SLIDE 186-B

SEPTIC EASEMENT TABLE

SE - 1	-	6154.78 SQ.FT.	-	LOT - 24
LINE A - B	=	N 02°04'41"W	82.98'	
LINE B - C	=	N 88°46'42"E	75.76'	
LINE C - D	=	S 00°20'54"W	83.41'	
LINE D - A	=	S 89°05'49"W	72.24'	
SE - 2	-	6275.61 SQ.FT.	-	LOT - 25
LINE D - C	=	N 00°20'54"E	83.41'	
LINE C - E	=	N 89°58'40"E	79.29'	
LINE E - F	=	S 05°14'10"W	82.64'	
LINE F - D	=	S 89°05'49"W	72.26'	
SE - 3	-	6073.51 SQ.FT.	-	LOT - 41
LINE E - I	=	N 14°52'34"E	74.95'	
LINE I - J	=	S 68°30'45"E	16.52'	
LINE J - K	=	S 67°44'02"E	80.49'	
LINE K - L	=	S 25°51'24"W	59.57'	
LINE L - E	=	N 77°57'43"W	84.99'	
SE - 4	-	8111.94 SQ.FT.	-	LOT - 42
LINE C - H	=	N 02°08'37"E	106.10'	

HARNETT COUNTY HEALTH DEPARTMENT

20906

HTE 04-5-9769

IMPROVEMENT PERMIT

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) MIKE RAY  New Installation  Septic Tank  
Property Location: SR# 1291 Old US421  Repairs  Nitrification Line

Subdivision MAMIE BELL RIDGE Lot # 5

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .67 AC

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.

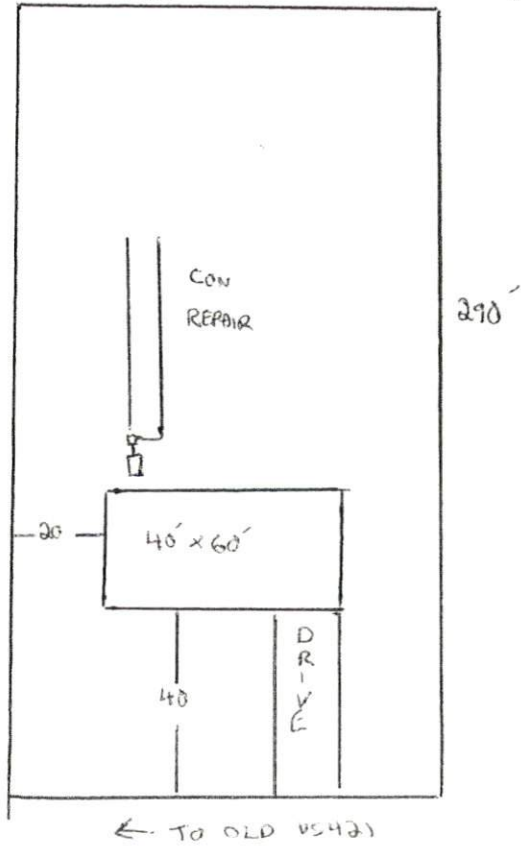
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/2/04

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] RS OLIVER TOLKSDORF  
100' Environmental Health Specialist

- \* MAINTAIN ALL SETBACKS
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20906. 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.*

MIKE RAY 499-8382  
Name Telephone #

3417 SPRING HILL CH. RD. LILLINGTON NC 27546  
Address

010 US 421 SR# 1291  
Property Location SR# Road Name

MAMIE BELL RIDGE 5 3 .67 AC  
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: 100 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 2 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 24 inches

French Drain: Linear feet required \_\_\_\_\_ Depth of gravel \_\_\_\_\_

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 Operations Permit has been issued.

[Signature] RS  
Signature of Authorized Agent for Harnett County

7/2/04  
Date