

Harnett
C O U N T Y
 NORTH CAROLINA

COUNTY OF HARNETT
CHECK REQUEST FORM

Account Number: 110-0000-345.18-00
 Project Number: _____
 Vendor Name: Marshall Johnson Construction, Inc
 Vendor Number: _____
 Remittance Address: 283 Banner Elk Road
 Date 03-04-14 Benson, NC 275804

Mail to payee
 Check to be picked up by: _____

 (Requires approval of Finance Officer)
 Approved: _____ Disapproved: _____

	Description	Amount
	ENVH Soil Evaluation Fee	\$ 750.00
	Location: Carlie Hills Ph 3- Lot 44	
	Application # 14-5-32972	
Total Amount Due		\$ 750.00

Reason for check request: Duplicate payment. Soil evaluation previously applied for and paid under application #06-5-14090. Improvement permit is still valid. Expiration date extended 4 years from date issued based on House Bill # 683 which was passed 8-2-2010.

This check request has been examined by me and is hereby approved for payment.

Department Head or Authorized Designee _____ Date _____
 Graham H. Byrd, R.E.H.S. *Graham H. Byrd R.E.H.S.*

*This instrument has been
 preaudited in the manner required
 by the Local Government Budget
 and Fiscal Control Act*

 Harnett County Finance Director

Initial Application Date 2-24-14

Application # 1450032972

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Marshall Johnson Construction, Inc. Mailing Address: 283 Banner Elk Rd.

City: Benson State: NC Zip: 27504 Contact No: 919-427-7111 Email: mjlconstructin@msn.com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Marshall Johnson Phone # 919-427-7111

PROPERTY LOCATION: Subdivision: Carlie Hills Phase 3 Lot #: 44 Lot Size: .71 acres

State Road # 1125 State Road Name: Lemuel Black Road Map Book & Page: 2005 3

Parcel: 010525 0095 46 PIN: 0526-30-1727.000

Zoning: RA-20R Flood Zone: X Watershed: NA Deed Book & Page: 2199, 228 Power Company*: South River

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 59 x 35) # Bedrooms: 3 # Baths: 2.5 Basement (w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Monolithic Slab: _____
(Is the bonus room finished? (yes () no w/ a closet? () yes (no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes (no

Does the property contain any easements whether underground or overhead () yes (no

Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	35	Actual	41.5
Rear		25		102.4
Closest Side		10		33.8
Sidestreet/corner lot		20		--
Nearest Building on same lot		10		--

Comments: Septic Permit done in 2006 but that file has been closed and permit has expired App# 0650014090

HARNETT COUNTY CP/ENVIRON HEALTHTRACKING SHEET

ENVIRONMENTAL / HEALTH & SANITATION TRACKING SHEET						
APPLICATION	APPLICANT NAME	TYPE	REC,EH	FEES	TRACK DATE	REMARKS
14-5-32830	MARSHALL JOHNSON	NEW	2/25/2014	\$ 750.00	2/24/2014	
			2/25/2014		2/24/2014	
			2/25/2014		2/24/2014	
			2/25/2014		2/24/2014	
			2/25/2014		2/24/2014	
			2/25/2014		2/24/2014	
			2/25/2014		2/24/2014	
			2/25/2014	\$ -	2/24/2014	
			2/25/2014	\$ -	2/24/2014	
			2/25/2014	\$ -	2/24/2014	
			2/25/2014	\$ -	2/24/2014	
			2/25/2014	\$ -	2/24/2014	
			2/25/2014	\$ -	2/24/2014	
			2/25/2014	\$ -	2/24/2014	
TOTAL				\$ 750.00		

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-50014090

IMPROVEMENT PERMIT 22823

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) MARSHALL JOHNSON CONT. New Installation Septic Tank Repair
Property Location: SR# 1125 LEMUEL BLACK R Nitrification Line Expansion
Subdivision CARLIE HILLS Lot # 44
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (360 yd) Lot Size: .71 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 PUMP TO 25% REDUCTION SYSTEM

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 5 ft. of each ditch 60 ft. ditches 3 ft. ditches 12 in.

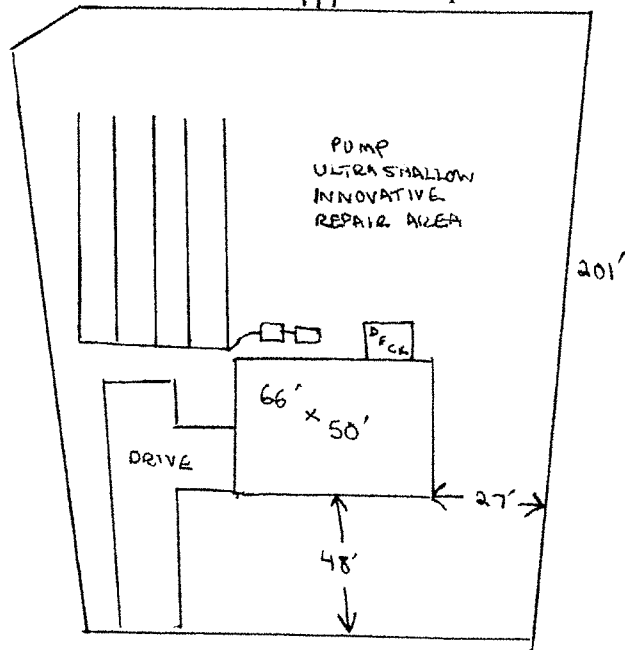
French Drain Required: _____ Linear feet

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

Date: 3/15/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] ES (OLIVER TOLKOFF)
Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
- * PUMP
38 gpm @ 11' TDH
- * MANATEE SPECS
 - . 5 1/2" SCH 40 VALVES
 - . 2' PRESSURE HEAD
 - . 2" SCH 40 PIPE
- * 130 gallons/dos ←
- * MINIMUM OF 6" OF COVER NEEDED OVER ENTIRE SYSTEM



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 # 22823. 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.*

MARSHALL JOHNSON CONST. 919-487-7111
Name Telephone #

283 BANNER ELK RD BENSON NC 27504
Address

1125 LEMUEL BLACK RD
Property Location SR# Road Name

CARLIE HILLS 44 3(360sq) .71AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other PUMP TO 25% REDUCTION SYSTEM

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 12 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]
Signature of Authorized Agent for Harnett County

3/15/06
Date