Initial Application Date: 04/03/2015

on same lot

OUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

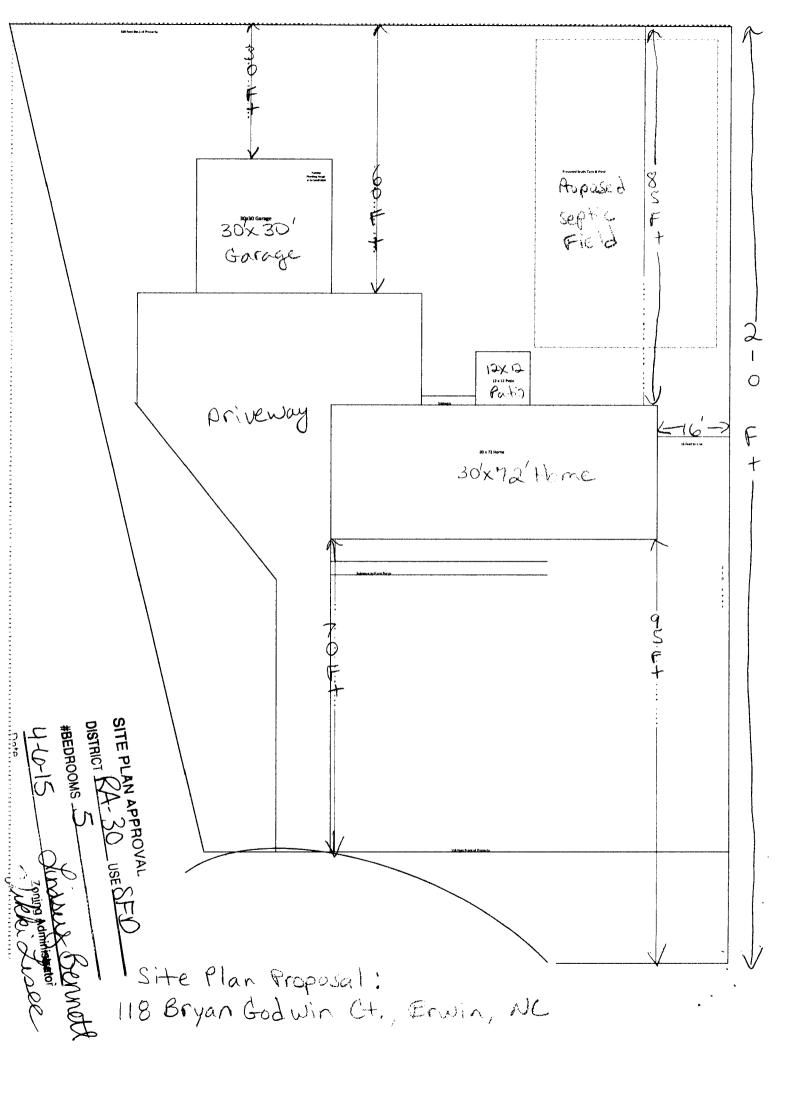
108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext: 2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting

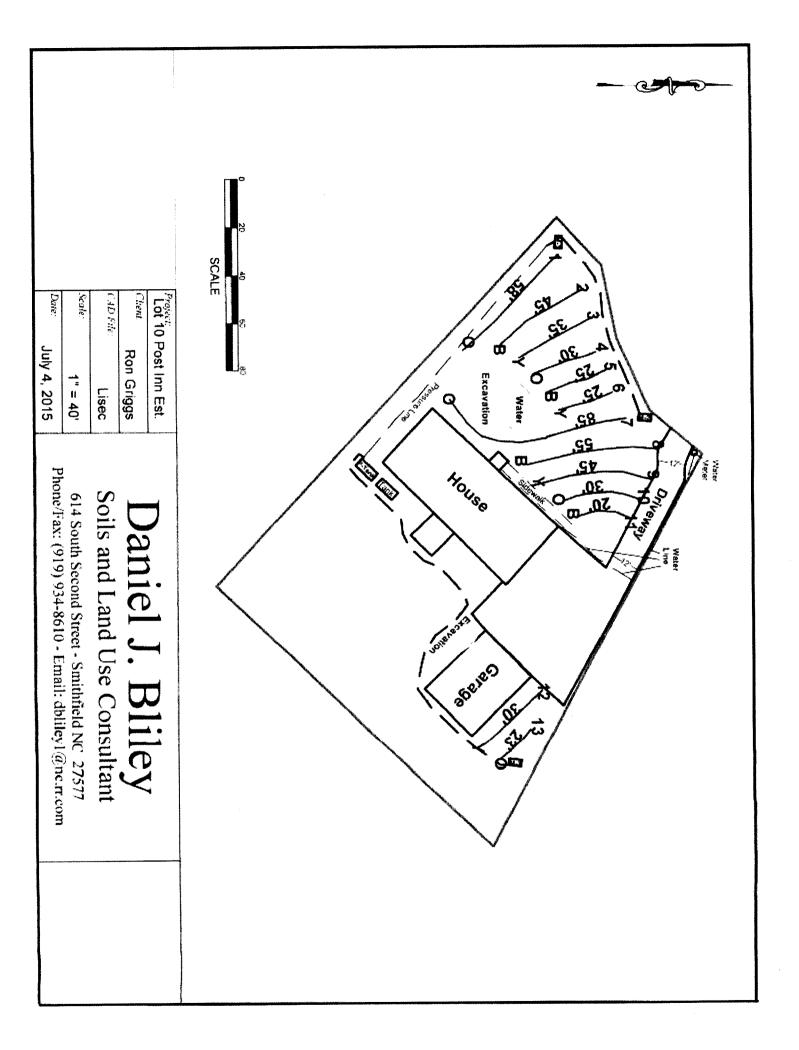
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" __ Mailing Address: 123 Caledonia Lane Scott and Vikki Lisec L'ANDOWNER: State: NC Zip: 27520 Contact No: ___ _ Mailing Address:_123 Caledonia Lane APPLICANT*:_Vikki Lisec City: Clayton State: NC Zip: 27520 Contact No: Email: svlisec@nc.rr.com ______Phone #_919-802-8942 (cell) CONTACT NAME APPLYING IN OFFICE: Vikki Lisec PROPERTY LOCATION: Subdivision: Post Inn Estates _ State Road Name: ____Bryan Godwin Court, Erwin, NC State Road # 118 PIN: 0588-73-7427 Parcel: 07-0588-0034-10 Zoning: RA-30 Flood Zone: Watershed: Deed Book & Page: 107 /818 Power Company*: Duke Energy *New structures with Progress Energy as service provider need to supply premise number ___ PROPOSED USE: SFD: (Size 30 x 72) # Bedrooms: 5 # Baths: 4 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: V Slab: (Is the bonus room finished? () ves () no w/ a closet? () ves () no (if ves add in with # bedrooms) __) # 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? () ves () 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: Comments: Minimum_³⁵ Front 30 Rear 15 Closest Side Sidestreet/comer lot **Nearest Building**

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Take 421 past Campbell University and small county airport. Turn
Right On Old Stage Road. Turn Left on Bryan Godwin Court.	
If permits are granted I agree to conform to all ordinances and laws of	f the State of North Carolina regulating such work and the specifications of plans submitted
hereby state that foregoing statements are accurate and correct to the	ne best of my knowledge. Permit subject to revocation if false information is provided.
	2/3/2015
Signature of Owner or Owner's Ag	ent Date

^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

^{**}This application expires 6 months from the initial date if permits have not been issued**





Sheet1

TAP CHART - REPAIR SYSTEM - LOT 10 POST INN EST.

Bench Mark		rs = 100.00	Location of	f BM				Elevation Head	6.00
Pump tank e	lev.		100.00	Pump elev.	95.00	ı	Manifold (ilev.	101.00
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	0		100.00	60	sch40 1/2	7,11	75.72	180	0.4207
2	В		100.00	45	SCH80 1/2	5.48	58.36	135	0.4323
3 & 4	Y - 0		100.00	65	SCH40 1/2	7.11	75.72	195	0.3883
5 & 6	B-Y		100.00	50	SCH80 1/2	5.48	58.36	150	0.3891
7	0		100.00	85	SCH80 3/4	10.1	107.56	255	0.4218
8	В		100.00	55	SCH80 1/2	5.48	58.36	165	0.3537
9, 10&11	Y-O-B		100.00	95	SCH80 3/4	10.1	107.56	285	0.3774
12 & 13	0 - Y		100.00	50	SCH80 1/2	5.48	58.36	150	0.3891
		total	feet =	505	gal/min =	56.34		LTAR =	0.3200
								LTAR + %5	0.3360
% of Dose V	ol.	75		Des. Flow	600			(Itar W/ INOV)	0.4267
Dose Volum	e	245.19		Pump Run=	10.65			(Itar W/ INOV + 5%	0.4480
Dose Pump	Time	4.37		Tank Gal/IN					
Drawdown i	n Inches	#DIV/01							