

01-5-1386

HARNETT COUNTY HEALTH DEPARTMENT

No 17585

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) Guillermo Morales

New Installation

Septic Tank

Property Location: SR# 1564 Maple

Repairs

Nitrification Line

Subdivision _____ Lot # 15

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 B ~~garage/100 gal/day~~ Lot Size: 5.04 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 23 B exact length 90 B width of 50 B ft. ditches 3 ft. depth of 15-20 in.

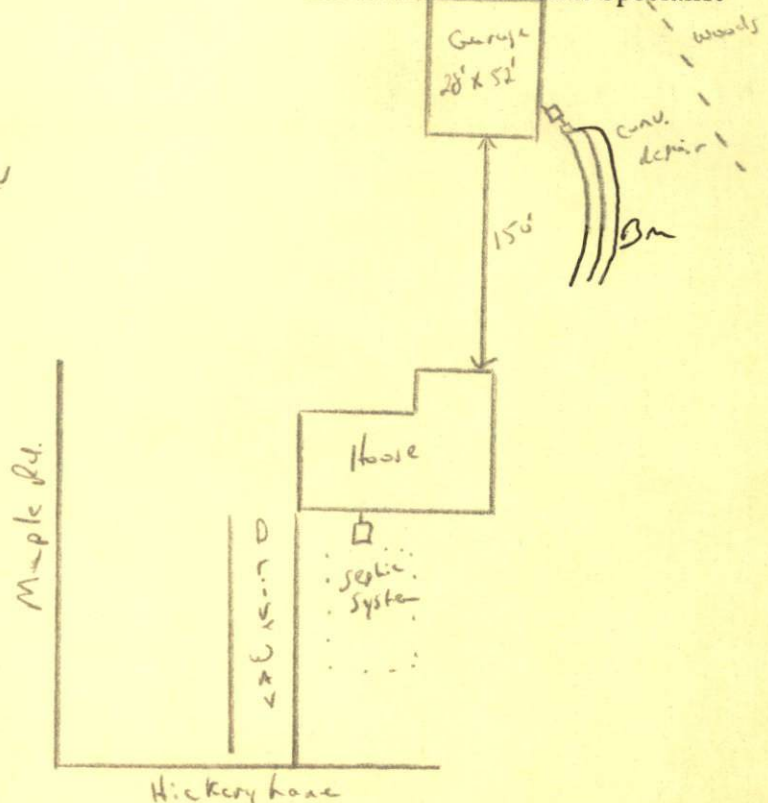
French Drain Required: _____ Linear feet

Date: 3/15/2001

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

Signed: [Signature]
Environmental Health Specialist

* Maintain setbacks
* Run ditches on contour
* No DEEPER than 20 inches



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17585. 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.

Owner or Authorized Agent _____

Name: Guillermo Morales Telephone # 897-0543

Address: 91 Hickory Tree Lane Angier, N.C. 27501

Property Location: SR # 1564 Road Name Maple

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # 15

Number of Bedrooms Proposed: 2 BR 100 gal/day Lot size: 0.04 ac

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 90 ft 3 in
50 ft.

Width of ditches 3 ft. Depth of ditches 18-20 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.

Authorized Agent for Harnett County Health Department

Name: Dwight McSwain R.S. Date: 3/15/2001