

HTE 05-50012196R

**IN.. ROVEMENT PERMI.**

**22103**

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) Scottie Van Hook  New Installation  Septic Tank  
Property Location: SR# 1115  Repairs  Nitrification Line

Subdivision Crest View Lot # 77

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

Number of Bedrooms Proposed: 4 (existing) Lot Size: 0.68 Ac

Basement with Plumbing:  Garage:  Meet onsite 2 days before

Water Supply:  Well  Public  Community Installing - Tanks must be 5' from

Distance From Well: 50 ft. Addition Foundation if moving tanks 24 hr water test

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

Type of system:  Conventional  Other Pump to Conventional *Required*

Size of tank: Tanks are existing But if Replacing Septic Tank: 1000 gallons Pump Tank: 1000 gallons

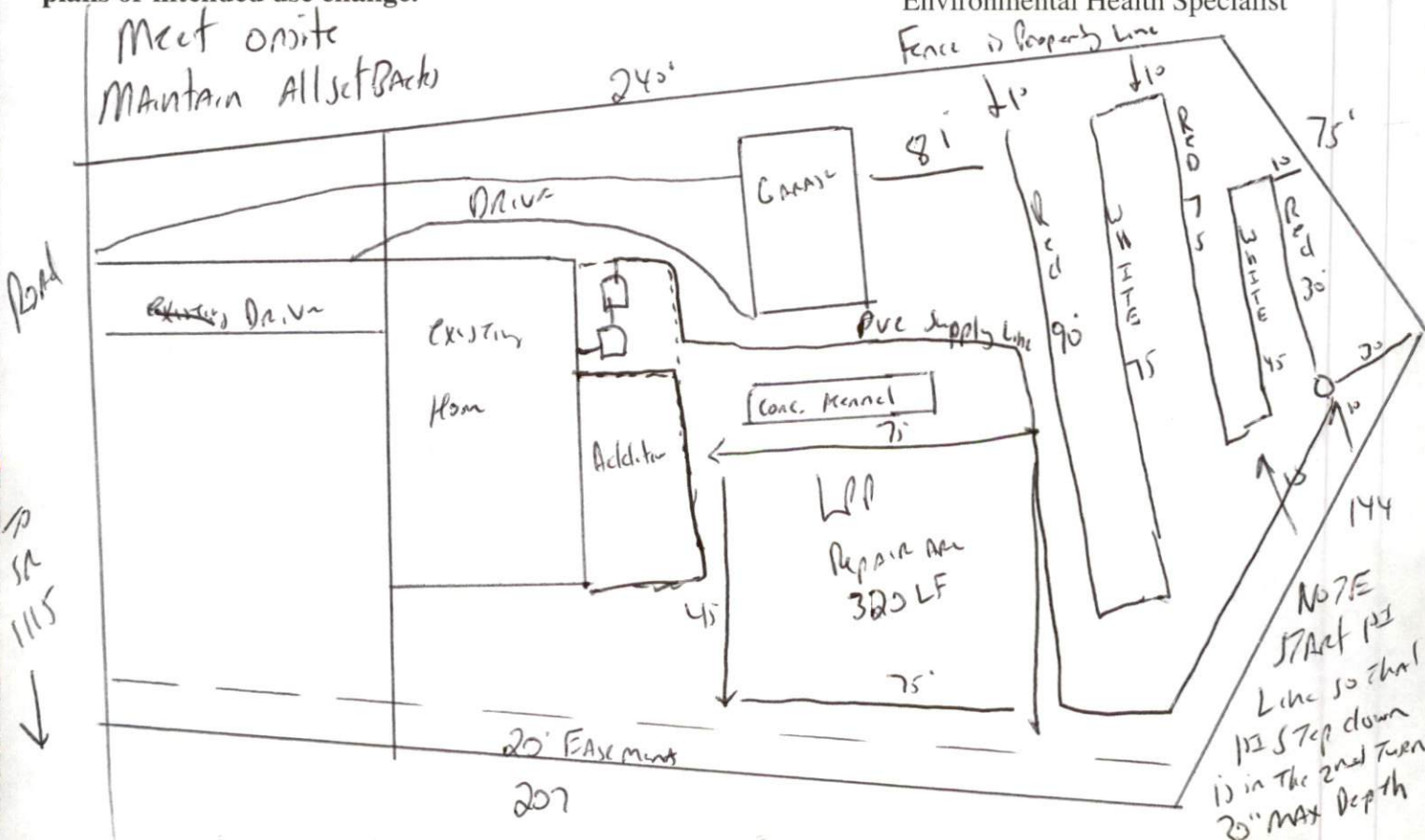
Subsurface No. of exact length width of depth of  
Drainage Field ditches 1 of each ditch 280 ft. ditches 3 ft. ditches 18-24 in.

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

Date: 6-15-05

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

Signed: Jo Lanni  
Environmental Health Specialist



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 # 22103. 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.*

Scottie Van Hook  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1115  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Creswell 77 4 (existing) .68 ac  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

Conventional  Other Pump to Conventional

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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.

Jon West RJ 6-15-05  
Signature of Authorized Agent for Harnett County Date