

HTE# 05-50013302

IMPROVEMENT PERMIT 22238

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) CHARLES & MARGARET HUDACKO New Installation Septic Tank Repair

Property Location: SR# US4015 Nitrification Line Expansion

Subdivision _____ Lot # 6

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 BEDROOMS + 1 BATH IN DETACHED GARAGE (460 GPD) Lot Size: 2.099 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 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 INNOVATIVE SYSTEM

Size of tank: Septic Tank: 1250 gallons Pump Tank: 1250 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 5 ft. of each ditch 60 ft. ditches 3 ft. ditches 24-18 in.

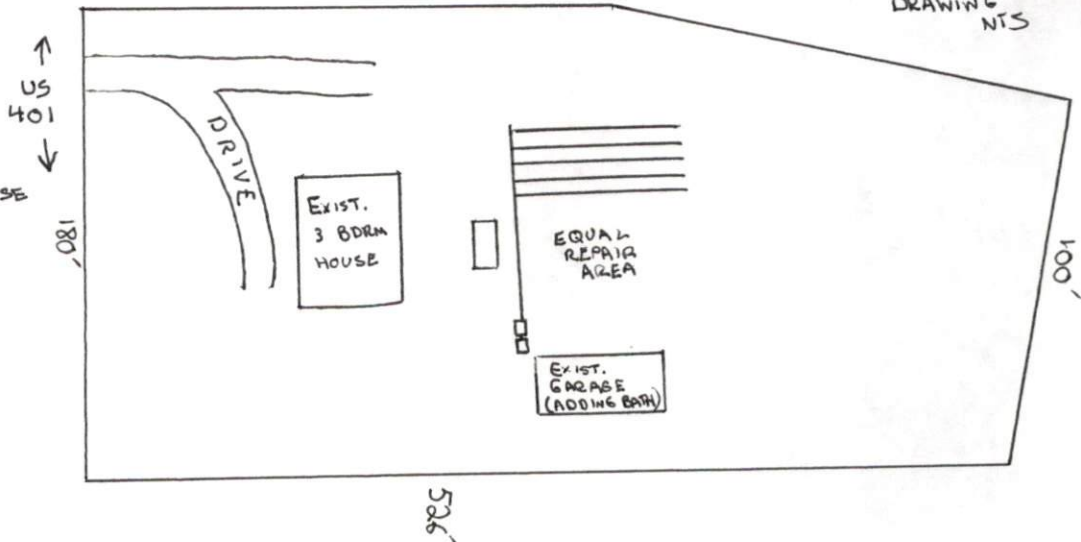
French Drain Required: _____ Linear feet

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

Date: 11/1/05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
Environmental Health Specialist
DRAWING NTS

- * MAINTAIN ALL SETBACKS
- * PUMP SPECS - 37gpm @ 12' TDH
- * MANHOLE
5 1/2" SCH 40 VALVES
2" SCH 40 PIPE
2' PRESSURE HEAD
- * SET TANK TO ACHIEVE PROPER FALL FROM HOUSE



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 # 22238. 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.*

CHARLES & MARGARET HUDACKO 814-2900
Name Telephone #

1398 US40LS LIVINGTON, NC 27546
Address

US40LS _____
Property Location SR# Road Name

C 3 + 1 BATH IN DEPT. GARAGE 2.099 AC
Subdivision Lot # # Bedrooms Proposed (460 sq ft) Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO INNOVATIVE SYSTEM

[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1250 gal Pump Chamber 1250 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 24-38 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 of Authorized Agent for Harnett County

11/1/05
Date