

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

21264

HTE 04-5-10207R
08-5-19735

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) James R. Minor ☒ New Installation ☒ Septic Tank
Property Location: SR# 1415 Rawls Ch. ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # Site B

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 19.19 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 Conventional w/ Maw-tee Distribution

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-20 in.

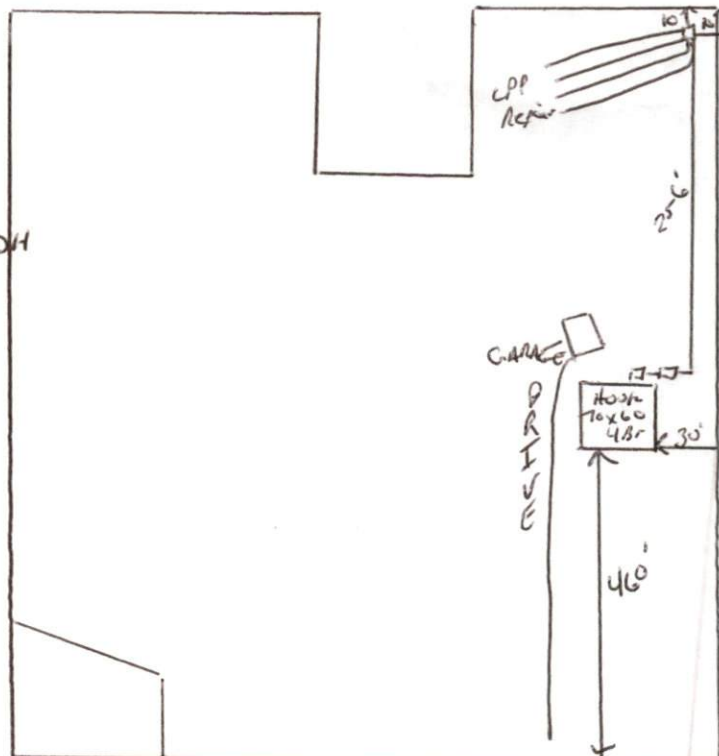
French Drain Required: _____ Linear feet

Date: 10/6/2004 / Revision 4/16/08 ^{PM}

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

Signed: Bryan McLean R.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Run ditches on contour
- * Supply Line is 256' approx. use sch 40 2 inch.
- * Use 4 1/2 inch taps
- * Pump should be 32 gpm @ 23.5 TDH
- * Valve cover boxes should be used over taps
- * Design Volume 170 gal



Rawls Ch. Rd.

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 # 21264. 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.*

Name James R. Miner Telephone # 919-552-1120

Address 902 Andersonwood Dr. Fuquay Varina, N.C. 27526

Property Location SR# Route Ch. Road Name

Subdivision Site B Lot # 4 # Bedrooms Proposed 19.19 Ac Lot Size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☐ Nitrification Lines
☐ Conventional ☒ Other Pump to Conventional w/ Manatee Distribution
☐ 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 4 Length of lines 300 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.

James R. Miner
Signature of Authorized Agent for Harnett County

10/6/2004
Date