

01-50001322

# IMPROVEMENT PERM.

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) M. L. Blevins

New Installation

Septic Tank

Property Location: SR# 27

Repairs

Nitrification Line

Subdivision Longleaf Acres Phs. 2 Lot # 51

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

Number of Bedrooms Proposed: 4 Lot Size: 1.2 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 Other ~~Septic Tank System~~ ~~Septic Tank System~~

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

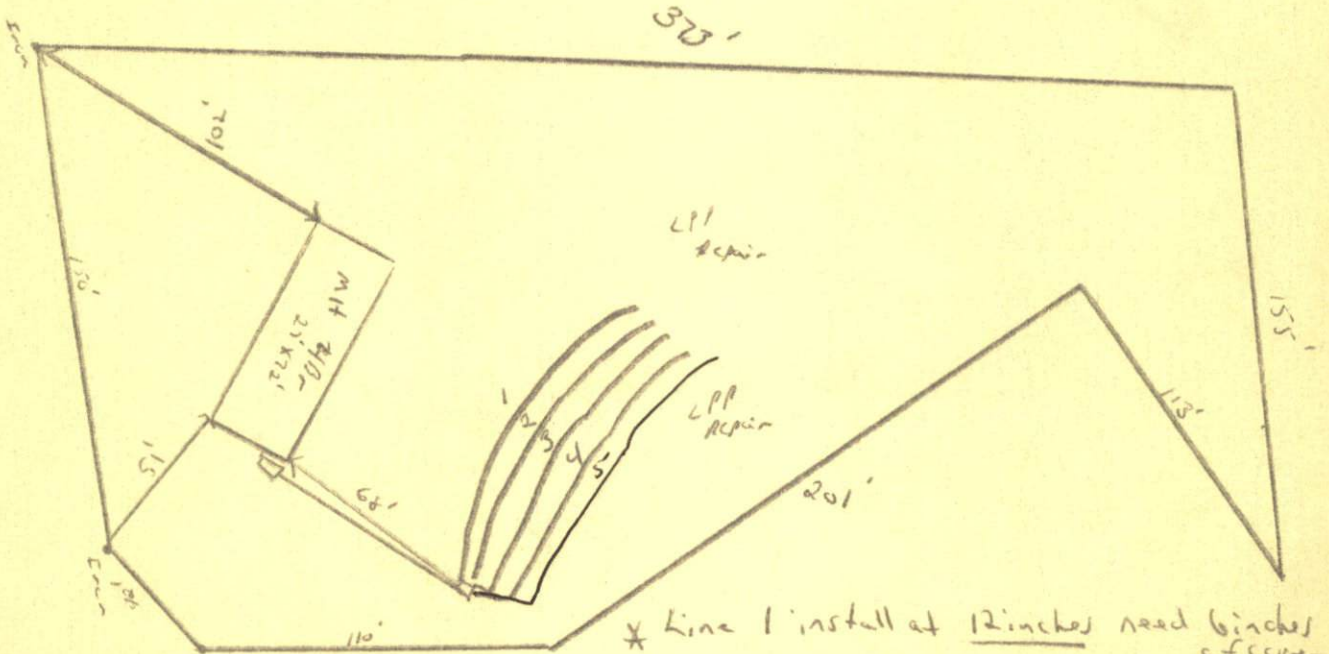
Subsurface Drainage Field No. of ditches 45 exact length of each ditch 110 ft. width of ditches 3 ft. depth of ditches 12-24 in.

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

Date: 3/3/2001

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

Signed: George McSwain R.S.  
Environmental Health Specialist



- \* Maintain all setbacks
- \* Run Ditches on contour
- \* Contractor to Meet on-site prior to installing system

- \* Line 1 install at 12 inches need 6 inches of cover
- \* Line 2 install at 18 inches
- \* Lines 3 & 4 install 18-24 inches
- \* House location has made from original site plan

HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17580. 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: Millie Blevins Telephone # 919-291-3493

Address: 1001 Seagram St. Apex, N.C. 27502

Property Location: SR # 27 Road Name \_\_\_\_\_

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Longleaf Acres Phs. II Lot # 51

Number of Bedrooms Proposed: 4 Lot size: 1.2 Ac

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

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

Type of System: Conventional  Other Polystyrene Aggregate Tank System - 85-3A

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 45 on Length of lines 110 ft  
100 ft. on

Width of ditches 3 ft. Depth of ditches 12-24 inches  
Line 1 needs 6 inches of cover

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: Debra M. Lewis P.S. Date: 3/17/2001