

1-5-2067

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) Opal Strickland Colville New Installation Septic Tank
 Property Location: SR# 1727 Suggs Rd Repairs Nitrification Line

Subdivision Walt's Crossing Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .5 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50m ft.

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

Type of system: Conventional Other Polystyrene Aggregate Trench System IWW 5-95-70

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in. AAK

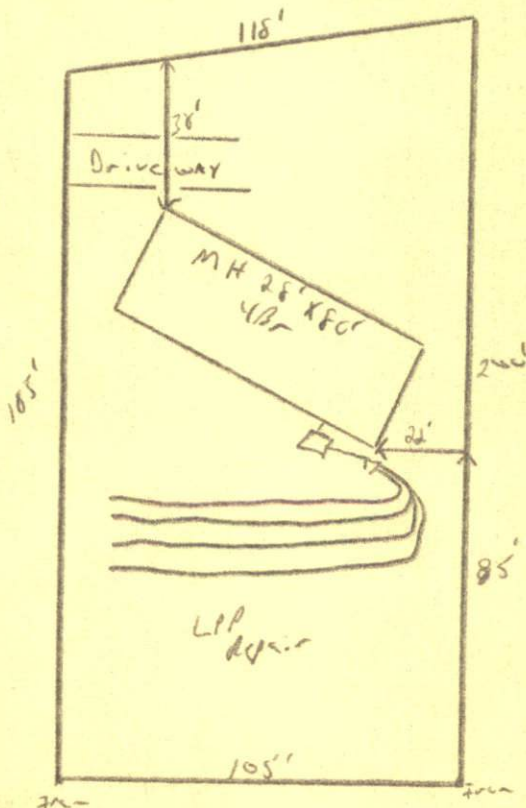
French Drain Required: _____ Linear feet

Date: 5/22/2001

Signed: [Signature]
Environmental Health Specialist

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

* Maintain all setbacks
* Run ditches on contour
* No deeper than 18 inches



72-

**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 # 17997. 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: Opal Strickland Colville Telephone # 897-7178

Address: P.O. Box 652 Erwin N.C. 28329

Property Location: SR # 1727 Road Name Jiggs

New Installation Repair Septic Tank Nitrification Lines

Subdivision Walt's Crossing Lot # 1

Number of Bedrooms Proposed: 4 Lot size: .5 Ac

Basement With Plumbing Without Plumbing

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

Type of System: Conventional Other Polystyrene Aggregate Trench System IWS-95-3A

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 80 ft.

Width of ditches 3 ft. Depth of ditches 18 inches MAX

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: Doug McLean L.S. Date: 5/22/2001

(Revised 2/96)CNSTRCT.WPD