

01-5-2773

HARNETT COUNTY HEALTH DEPARTMENT

No 18587

## 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) BRANDIE RAMSEY☒ New Installation ☒ Septic TankProperty Location: SR# 2047 HAYES RD☐ Repairs☒ Nitrification LineSubdivision AMBER G. LEELot # 2

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

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4Lot Size: 3.5acBasement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public☐ CommunityDistance 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 POLYSTYRENE AGGREGATE TRENCHSize of tank: Septic Tank: 1000 gallonsPump Tank: 1000 gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18 in.

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

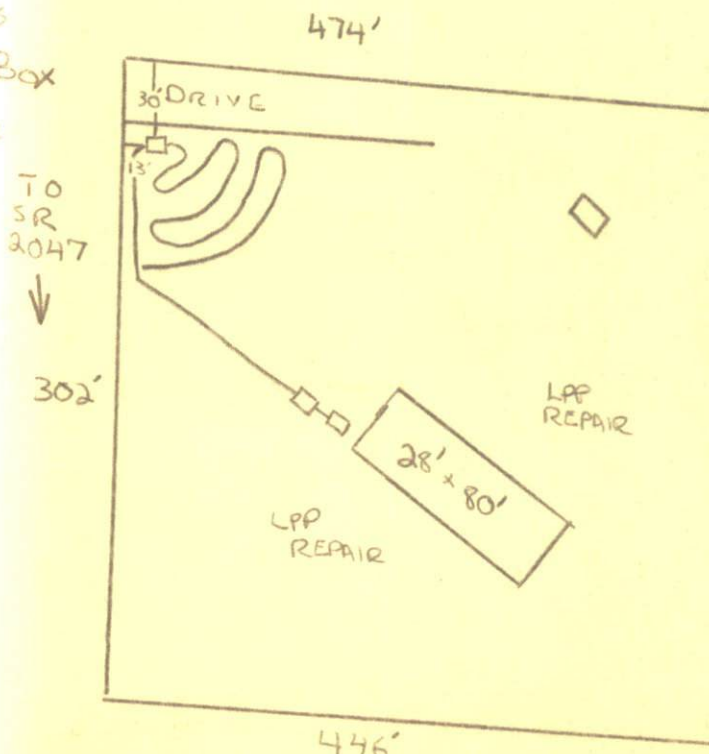
Date: 8/21/01

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

Signed: [Signature]

Environmental Health Specialist

- \* MAINTAIN ALL SETBACKS
- \* PUMP TO DISTRIBUTION BOX
- \* MEET ON SITE PRIOR TO INSTALLATION
- \* HOUSE ALREADY ON SITE



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 # 18587. 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 BRANDIE RAMSEY

Name: \_\_\_\_\_ Telephone # 487-9708

Address: 7894 LOXLEY DR FAYETTEVILLE 28314

Property Location: SR # 2047 Road Name HAYES RD

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

Subdivision AMBER G. LEE Lot # 2

Number of Bedrooms Proposed: 4 Lot size: 3.5 AC

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

Water Supply: Well \_\_\_\_\_ Public ☒ Minimum Well Setback: 100 ft.

Type of System: Conventional \_\_\_\_\_ Other ☒

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 300'

Width of ditches 3 ft. Depth of ditches 18 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 8/21/01