

IMPROVEMENT PERMIT

01-5-3047

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) JANICE FOWLER WIMBERLY New Installation Septic Tank
 Property Location: SR# 1270 Hollis Pines Repairs Nitrification Line

Subdivision TURKEY TRAILS ACRES Lot # 6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x74) Lot Size: 1201AC

Basement with Plumbing: Garage: Meet onsite Before Installing

Water Supply: Well Public Community MAY NOT REQUIRE PUMP

Distance From Well: 100 ft. NOTE changes in house location

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

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

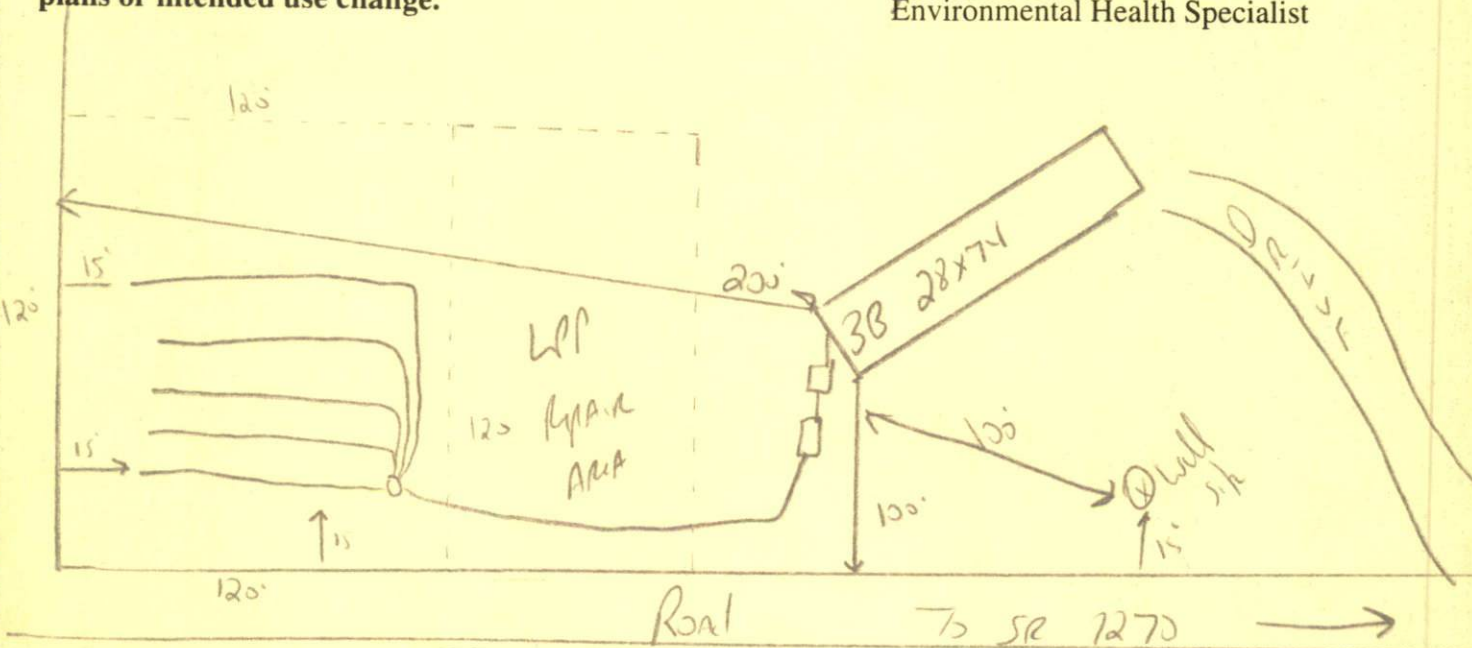
Subsurface Drainage Field No. of ditches 5 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in. MAX

French Drain Required: _____ Linear feet

Date: 10-01-01

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

Signed: Jon Waters
 Environmental Health Specialist



STUB out Plumbing shallow where shown and may not require Pump - MAINTAIN ALL SET BACKS - DO NOT DRIVE OR PARK ON SEPTIC SYSTEM - keep well site 100' from all parts of septic system

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 # 18544. 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 JANICE Fowler Wimberly

Name: _____ Telephone # 893-8817

Address: _____

Property Location: SR # 1270 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Tucky Tract Acres Lot # 6

Number of Bedrooms Proposed: 3(28x74) Lot size: 10.01 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 5 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 in 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: 10-01-01