

IMPROVEMENT PERMIT

01-5-3140

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) Jane Currie New Installation Septic Tank
 Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision Clearview Lot # 8

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (28 x 80) Lot Size: 1.11 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 Pump to Conventional

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 460 ft. width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: _____ Linear feet

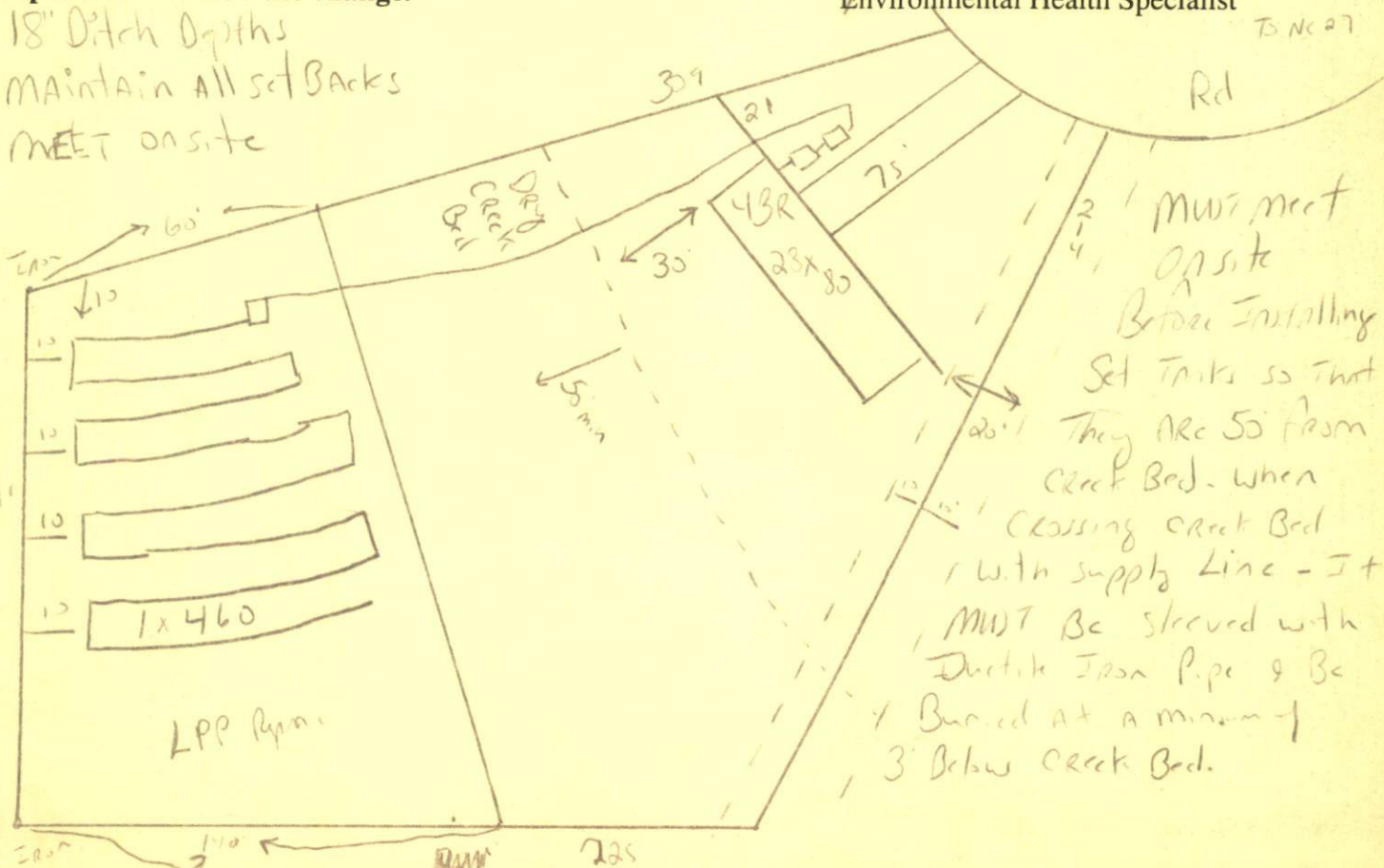
Date: 10-23-01

Signed: J. W. [Signature]

Environmental Health Specialist

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

18" Ditch Depths
 MAINTAIN ALL SETBACKS
 MEET on site



MUST meet on site Before Installing Set Tanks so that they are 50' from creek bed. When crossing creek bed with supply line - It MUST be sleeved with Ductile Iron Pipe & be Buried at a minimum of 3' Below creek bed.

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 # 18912. 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 Jim Currie

Name: _____ Telephone # 498-2629

Address: _____

Property Location: SR # NC27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision PEARSON Lot # 8

Number of Bedrooms Proposed: 4 (28x80) Lot size: 1.11A

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber 100 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 460

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: Jim Currie Date: 10-27-01