

01-5-3367

HARNETT COUNTY HEALTH DEPARTMENT

No 18671

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) MICHELLE PHILLIPS☒ New Installation ☒ Septic TankProperty Location: SR# 1006 OLD STAGE RD☐ Repairs☒ Nitrification LineSubdivision KATHLEEN ADAMSLot # 3

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3Lot Size: 1.05 ACBasement 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 _____Size of tank: Septic Tank: 1000 gallons

Pump Tank: _____ gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 4of each ditch 75

ft.

ditches 3

ft.

ditches 18 in.

French Drain Required: _____ Linear feet

Date: 11/13/01

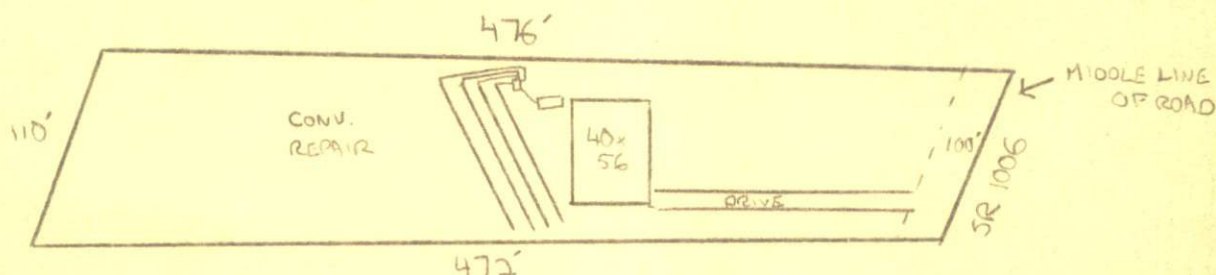
This permit is subject to revocation if site plans or intended use change.

Signed: _____

Environmental Health Specialist

* MAINTAIN ALL SETBACKS

* RUN LINES ON CONTOUR



ARNETT 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 # 18671. 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.*

Name MICHELLE PHILLIPS Telephone # 910-892-0794
Address PO Box 1734 DUNN 28335
1006 OLD STAGE RD Road Name
Property Location SR#
Subdivision KATHLEEN ADAMS Lot # 3 # Bedrooms Proposed 3 Lot size 1.05 AC

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines
☒ Conventional Other _____ ☐ Basement ☐ With Plumbing ☐ Without Plumbing
Water Supply: ☐ Well ☒ Public - Minimum Well Setback: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

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.

Signature of Authorized Agent for Harnett County

11/13/01
Date