

01-5-3576

HARNETT COUNTY HEALTH DEPARTMENT

No 13901

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) Four Oaks Development☒ New Installation ☒ Septic TankProperty Location: SR# 1827 Skeet Range Rd.☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 min 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: _____ gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-20 in.

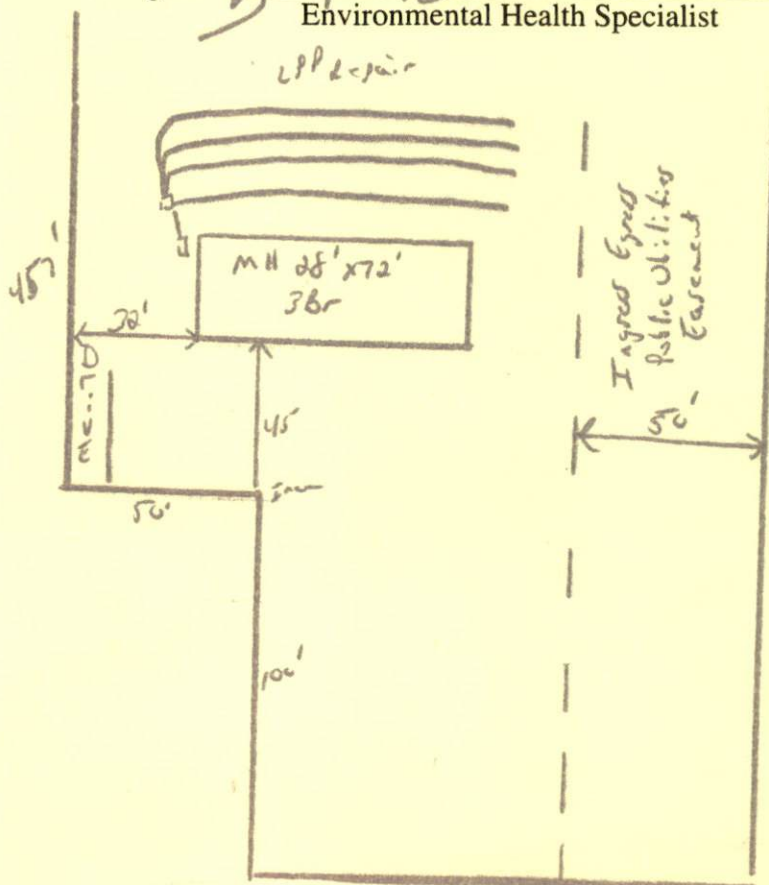
French Drain Required: _____ Linear feet

Date: 9/5/2002

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

Signed: Bryan McLean R.S.
Environmental Health Specialist

* Maintain all setbacks
* Run ditches on contour



HA TT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 13901. 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.*

Four Oaks Develop 919-963-3116
Name Telephone #
P.O. Box 87 Four Oaks, NC 27524
Address
1827 Skcet Range
Property Location SR# Road Name
Subdivision 3 # Bedrooms Proposed 1.54A Lot size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional Other _____ ☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public - Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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]
Signature of Authorized Agent for Harnett County

9/5/2002
Date