

02-5-3824

HARNETT COUNTY HEALTH DEPARTMENT No 18695 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) GEORGE BRIT COCKMAN New Installation Septic Tank
Property Location: SR# 2039 WALKER RD Repairs Nitrification Line

Subdivision V. DAVID ROBINSON Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 4.024 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance 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 Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12-24 in.

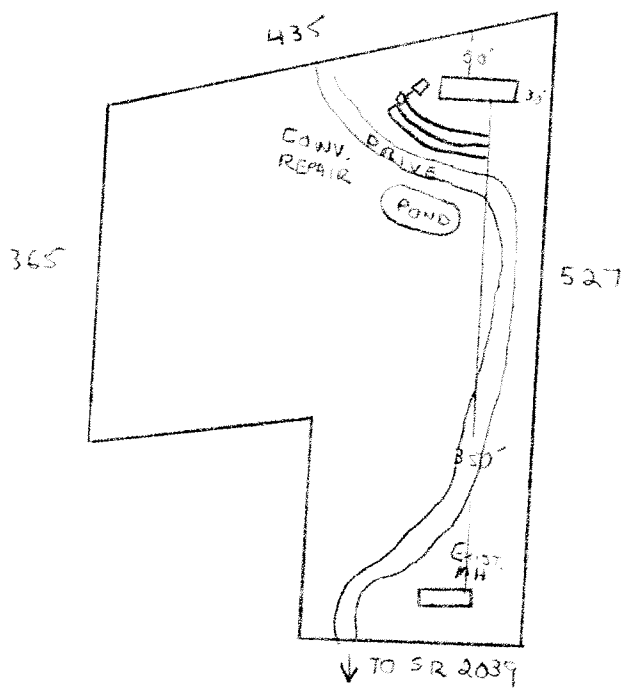
French Drain Required: _____ Linear feet

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

Date: 2/1/02
Signed: _____
Environmental Health Specialist

DRAWING NTS

- * MAINTAIN ALL SETBACKS
- * RUN LINES ON CONTOUR
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 18695. 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.

GEORGE BRITT COCKMAN 893-9922
Name Telephone #

PO Box 53 BUNNLEVEL NC 28323
Address

2039 WALKER RD
Property Location SR# Road Name

W. DAVID ROBINSON 3 4.024 AC
Subdivision Lot # # Bedrooms Proposed 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: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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] 2/1/02
Signature of Authorized Agent for Harnett County Date

SITE/SOIL EVALUATION FOR ON-SITE WASTEWATER

APPLICANT NAME _____

DATE _____

FACTORS		PROFILES												
		1	2	3	4	5	6	7	8	9	10			
LANDSCAPE POSITION	.1940													
SLOPE (%)	.1940													
HORIZON 1 DEPTH		0-24	0-28	0-26										
Texture Group	.1941(A)(1)	LS	LS	LS										
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
HORIZON 2 DEPTH		24-38	28*	26*										
Texture Group	.1941(A)(1)	SCL	SCL	SCL										
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
HORIZON 3 DEPTH		38*												
Texture Group	.1941(A)(1)	C/SM												
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
HORIZON 4 DEPTH														
Texture Group	.1941(A)(1)													
Consistence	.1941													
Structure	.1941(A)(2)													
Mineralogy	.1941(A)(3)													
SOIL WETNESS	.1942													
RESTRICTIVE HORIZON	.1944													
SAPROLITE	.1943/.1956													
CLASSIFICATION	.1948	P3	P3	P3										
LONG TERM ACCEPTANCE RATE	.1955	.4	.4	.4										

3 100' ON CONTOUR

