

02-5-4245

HARNETT COUNTY HEALTH DEPARTMENT

No 19113

# 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) KEARCE, PATRICIA  New Installation  Septic Tank  
Property Location: SR# 1148 RAINY DR  Repairs  Nitrification Line

Subdivision TWIN LAKES Lot # 21

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .57AC

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 2 exact length of each ditch 135 ft. width of ditches 3 ft. depth of ditches 12-30 in. <sup>SEE BELOW</sup>

French Drain Required: \_\_\_\_\_ Linear feet

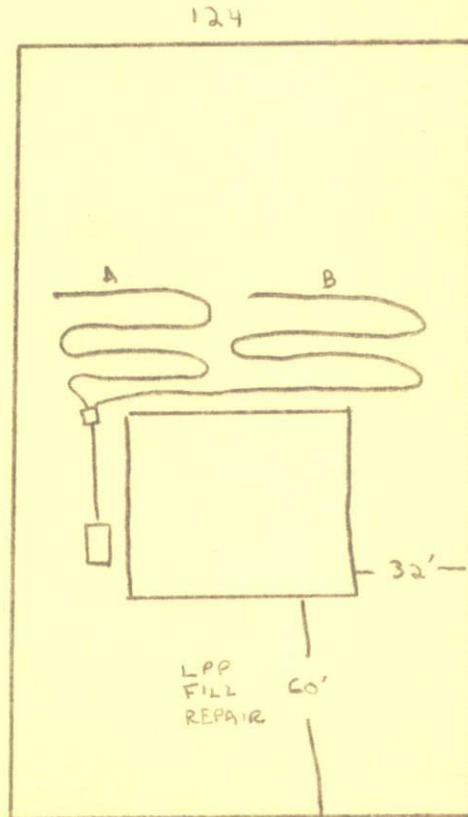
Date: 4/3/02

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

Signed: [Signature]  
Environmental Health Specialist

- \* MAINTAIN ALL SETBACKS
- \* START LINE A AT 12"
- \* START LINE B AT 30"
- \* SYSTEM MUST HAVE AT LEAST 6" OF COVER
- \* CALL W/ ANY QUESTIONS PRIOR TO INSTALLATION

McFAYDEN PR



DRAWING NTS

200

RAINY DR

NETT COUNTY HEALTH DEPARTM  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19113. 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.

PATRICIA KEARCE 910-960-1549  
Name Telephone #  
60 McFAYDEN DR SPRING LAKE NC 28390  
Address  
1148 RAINEX DR  
Property Location SR# Road Name  
TWIN LAKES 21 3 .57AC  
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.

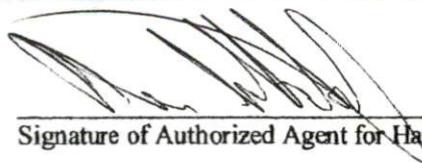
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 135 Ft.

Width of ditches 3 ft. Depth of ditches 12-30 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.

 4/3/02  
Signature of Authorized Agent for Harnett County Date