

02-5-4562

HARNETT COUNTY HEALTH DEPARTMENT

No 19541

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) JOSE RUBIO

New Installation Septic Tank

Property Location: SR# 1269 LLOYD STEWART RD

Repairs Nitrification Line

Subdivision BOONE TRAIL WEST Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 38400 SQ FT

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 _____

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 12-16 in.

French Drain Required: _____ Linear feet

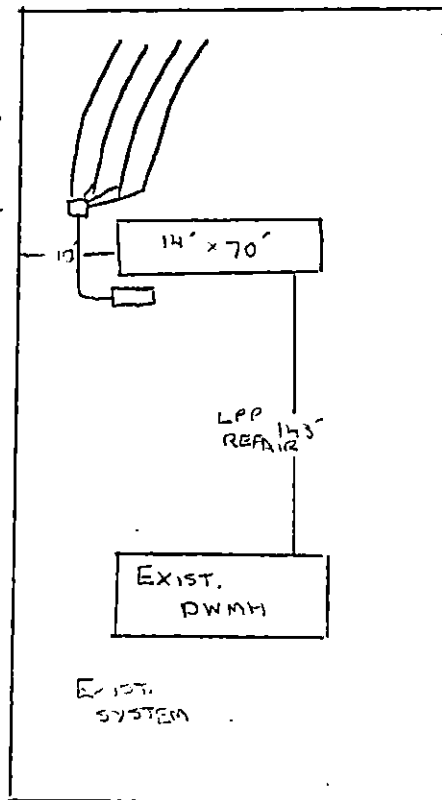
Date: 8/8/02

Signed: [Signature] OLIVER TOLKSON

Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * MINIMUM OF 6" OF COVER NEEDED OVER DRAIN FIELD
- * MEET ON SITE PRIOR TO INSTALLATION TO DETERMINE FINAL TANK PLACEMENT



DRAWING NTS

384

EXIST. SYSTEM

SR 1269

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 # 19541. 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.*

JOSE RUBIO 814-2876
Name Telephone #

275 LLOYD STEWART RD BROADWAY NC 27505
Address

1269 LLOYD STEWART RD
Property Location SR# Road Name

BOONE TRAIL WEST 3 3 3840092
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: 50 Ft.
Septic Tank 1000 Pump Chamber _____

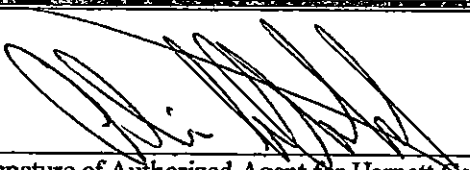
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 12-16 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

8/8/82
Date