

IMPROVEMENT PERMIT

02-5-4918

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) Bobby & Barbara Sanders New Installation Septic Tank

Property Location: SR# 1128 Repairs Nitrification Line

Mount Vista Drive

Subdivision Little River Plantation Lot # 103

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (14x60) Lot Size: 10.55ac

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 103 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 18 max in.

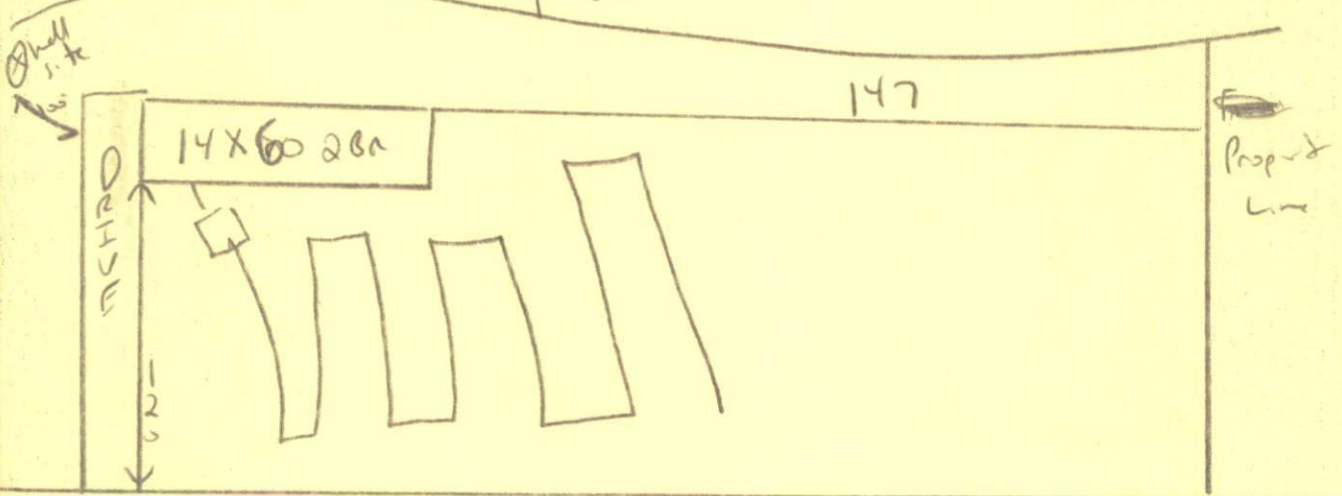
French Drain Required: _____ Linear feet

Date: 7-5-02

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

Signed: [Signature]
Environmental Health Specialist

Drop off



Mount Vista Dr To SR →

Keep well site 100' from septic system - maintain all setbacks.
Meet on site once site is cleared for final layout
Do not drive or park on septic system

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 # 19482. 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.*

Bobby Sanders
Name Telephone #

Address

1128
Property Location SR# Road Name

Little River Plantation 103 2 (14x60) 10.55 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.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 40 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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] 7-5-02
Signature of Authorized Agent for Harnett County Date