

IMPROVEMENT PERM

03-5 5148

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) K. Arnold Corp Smith Sweetner
Property Location: SR# HW 24
New Installation [checked]
Septic Tank [checked]
Repairs [ ]
Nitrification Line [checked]

Subdivision Heritage Village Lot # 6-8

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

Number of Bedrooms Proposed: 3 (28x66) Lot Size: 19,942 sq ft

Basement with Plumbing: [ ] Garage: [ ]
Water Supply: [ ] Well [ ] Public [ ] Community [ ]
Distance From Well: 50 min ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

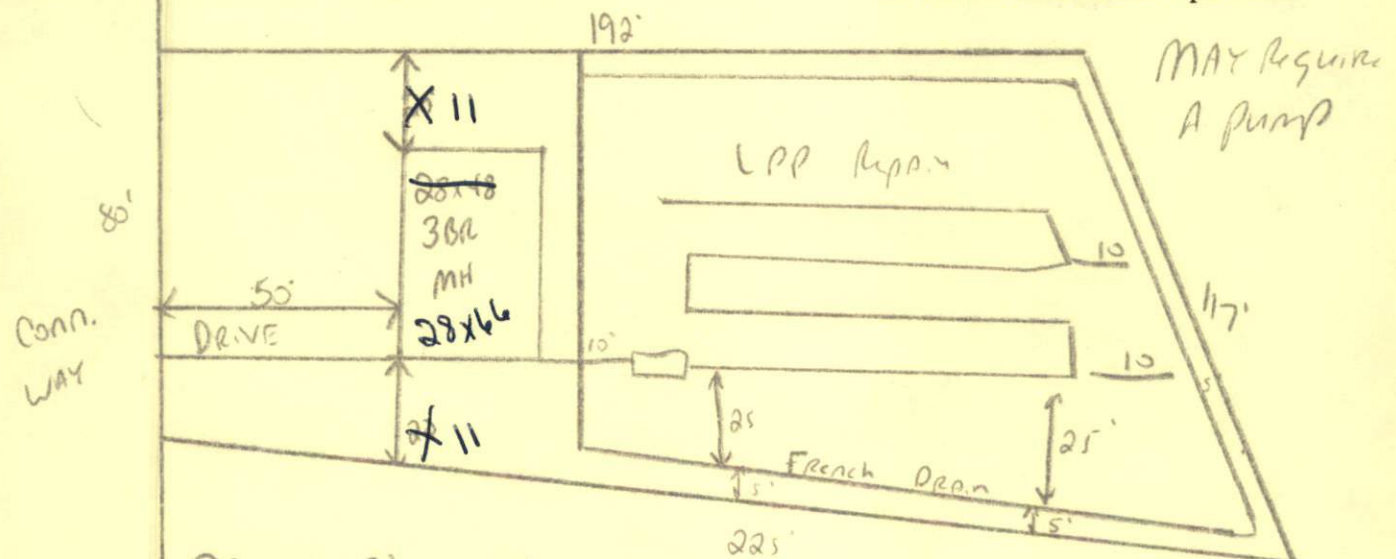
Type of system: [checked] Conventional [ ] Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: As much as Linear feet Appx - 500 - Revised
Date: 8-13-97 7-23-02

This permit is subject to revocation if site plans or intended use change.
Signed: J. Wetters Environmental Health Specialist



MUST PLACE French Drain AROUND AREA of SEPTIC SYSTEM - 12" wide Deep At least 36" Deep to the clay to Intercept ground water - MAY want to Place French Drain In front of the house Instead of the rear.
18" MAX Ditch Depth Follow contours
MUST meet ON SITE Before Installing.

HARNETT 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 # 12520. 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.

Owner or Authorized Agent KilArnold Corp

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR# HWY 24 Road Name \_\_\_\_\_

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Heritage Village Lot # G-8

Number of Bedrooms Proposed: 3 (28x60) Lot size: 19,942 sq ft

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 1 Length of lines 300

Width of ditches 3 ft. Depth of ditches 18" max inches

French Drain: Linear feet required Appx 500' Depth of gravel 30"

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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 8-13-97

[Signature]

7-23-02