

IMPROVEMENT PERMIT

035-5150

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) Judith Sweeney

New Installation Septic Tank

Property Location: SR# Nc 2-1

Repairs Nitrification Line

Subdivision Heritage Village

Lot # G-39

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (28x66)

Lot Size: 0.41 AC

Basement with Plumbing:

Garage:

NOTE changes in
now location. Plot Plan

Water Supply: Well Public

Community

Distance From Well: 50 ft.

Must match my permit

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

75

width of

3

depth of

of each ditch

ft.

ditches

ft.

ditches

18-24 in.

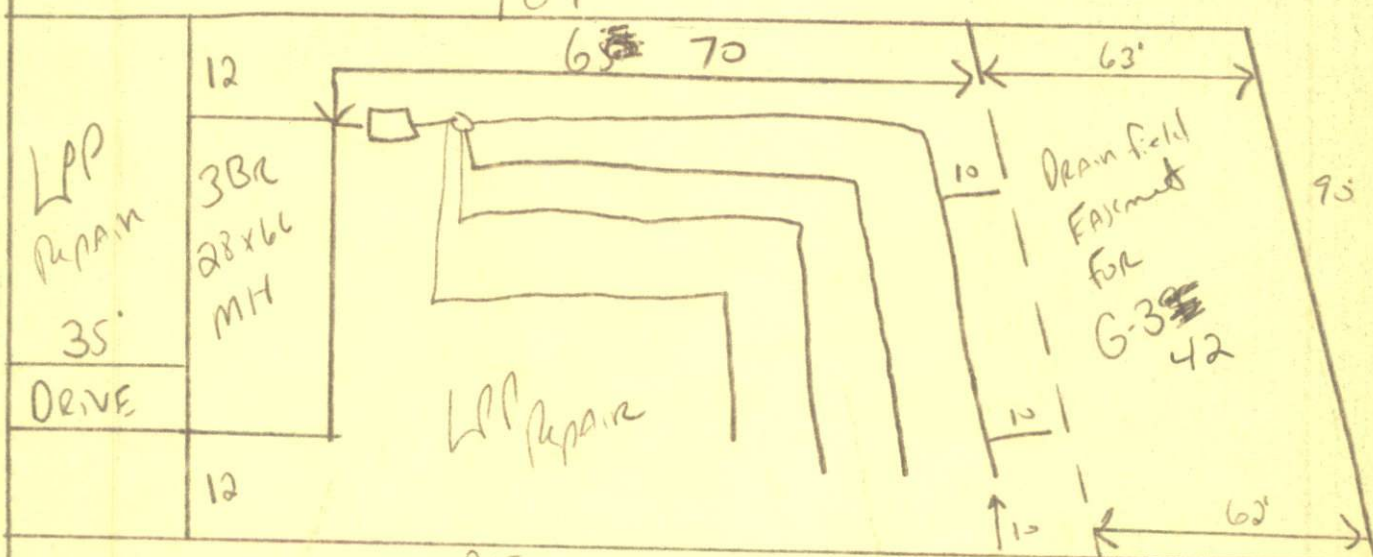
French Drain Required: _____ Linear feet

Date: 7-24-02

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

Signed: [Signature]

Environmental Health Specialist



Meet onsite
STUB out Plumbing shallow 18"-24" ditch depth
Do not Drive or Park on ~~septic~~ septic system

HAI T 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 # 03-5-5150. 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.

Judith Swearing 498-0244
Name Telephone #

Address

NC24

Property Location SR# Road Name

Heritage Village G-39 3(28x66) 0.41 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: _____ Ft.
Septic Tank 100 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 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.

Judith Swearing 7-24-02
Signature of Authorized Agent for Harnett County Date