

IMPROVEMENT PERMIT 03-5-5504

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) Gwendolyn Burras / Barry Gayton New Installation Septic Tank

Property Location: SR# 1157 Beavers Rd Repairs Nitrification Line

Subdivision Lisa Blue Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4(28x76) Lot Size: .60 Ac

Basement with Plumbing: Garage: Must Remove existing MH. Existing Septic Tank must be Pumped, crushed and Filled in

Water Supply: Well Public Community

Distance From Well: 75' 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

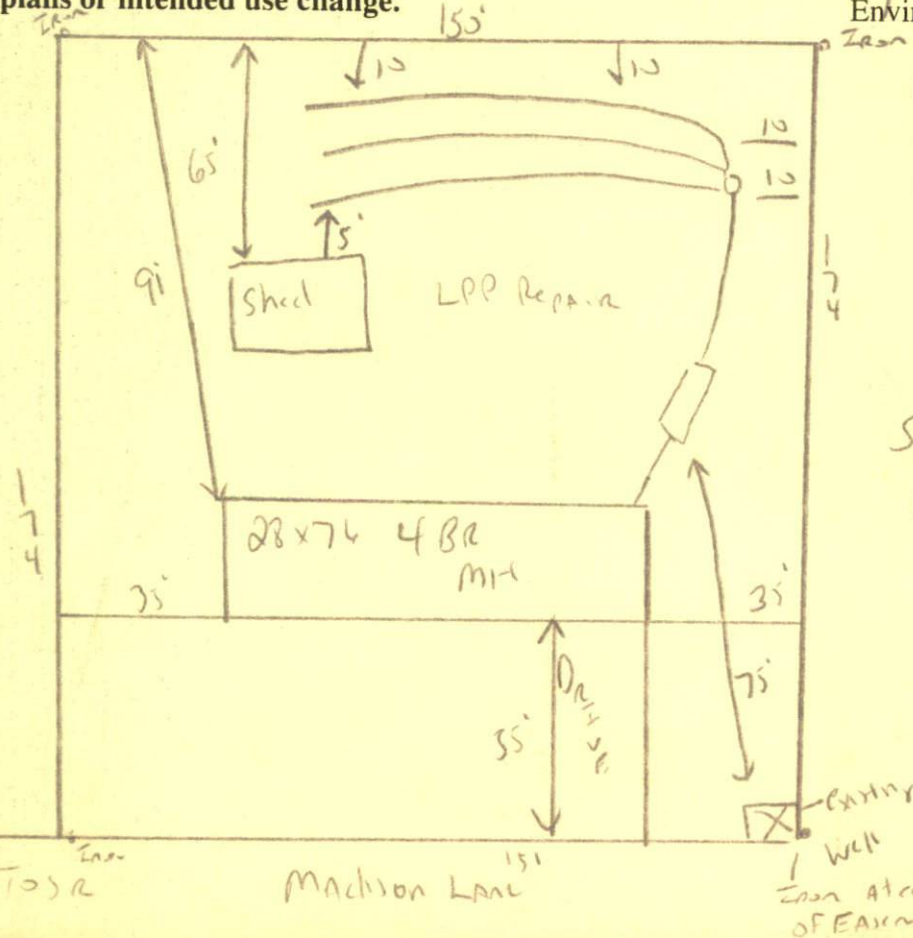
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 9-12-02

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

Signed: Ja Waters
Environmental Health Specialist



MUST Remove existing MH. Existing Septic Tank must be Pumped, crushed and Filled in.

New Septic Tank must be 75' from the well

Stub out Plumbing shallow 18 to 24" Ditch Depth

Maintain All set Backs

Follow contours

Do not Drive or Park on Septic SYSTEM

← 1052

Existing Well
Eson At edge
of Easement

HA RT COUNTY HEALTH DEPARTMENT
AUT RIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19594. 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.

Gwendolyn Burris / Breary Guyton 919-498-1814
Name Telephone #

Bowen Rd
Address

Lisa Blue 2 4(28x76) 60Ac
Property Location SR# Road Name
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: 75 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 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.

Joe Winters 9-12-02
Signature of Authorized Agent for Harnett County Date