

03-5-5747

HARNETT COUNTY HEALTH DEPARTMENT

No 19676

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) FAY MORROW New Installation Septic Tank
Property Location: SR# Hwy 24 Repairs Nitrification Line

Subdivision JASONS CORNER Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 3 AC.

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 PUMP TO CONVENTIONAL

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

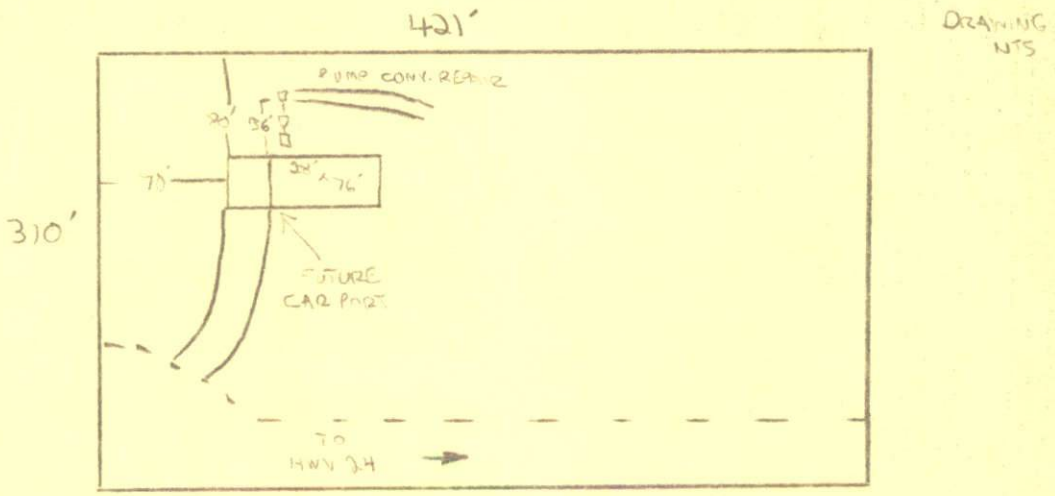
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

Date: 10/31/02

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

Signed: OLIVER TOLKSON Environmental Health Specialist



*MAINTAIN ALL SETBACKS
*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

HAR T COUNTY HEALTH DEPARTMENT
AUT] RIZATION TO CONSTRUC

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19676. 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.

FAY MORROW 919-258-0687
Name Telephone #

2009 McARTHUR RD BROADWAY NC 27505
Address

HWY 24
Property Location SR# Road Name

JASONS CORNER 4 4 3 AC.
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO CON. [] 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 2 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 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.


Signature of Authorized Agent for Harnett County

10/31/02
Date