

HTE 05-5-11720 R

IMPROVEMENT PERMIT

21820

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) Stanley W. Jackson New Installation Septic Tank
Property Location: SR# 2048 Repairs Nitrification Line

Subdivision Willow Oaks Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (30 x 76) Lot Size: 1.11 Ac

Basement with Plumbing: Garage: Meet onsite for Final Layout

Water Supply: Well Public Community 1st 2 Lines 18" Remaining Lines 12" Deep

Distance From Well: 50 ft. NOTE French Drain to be 30' Above Drain Lines & to be solid along property line

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

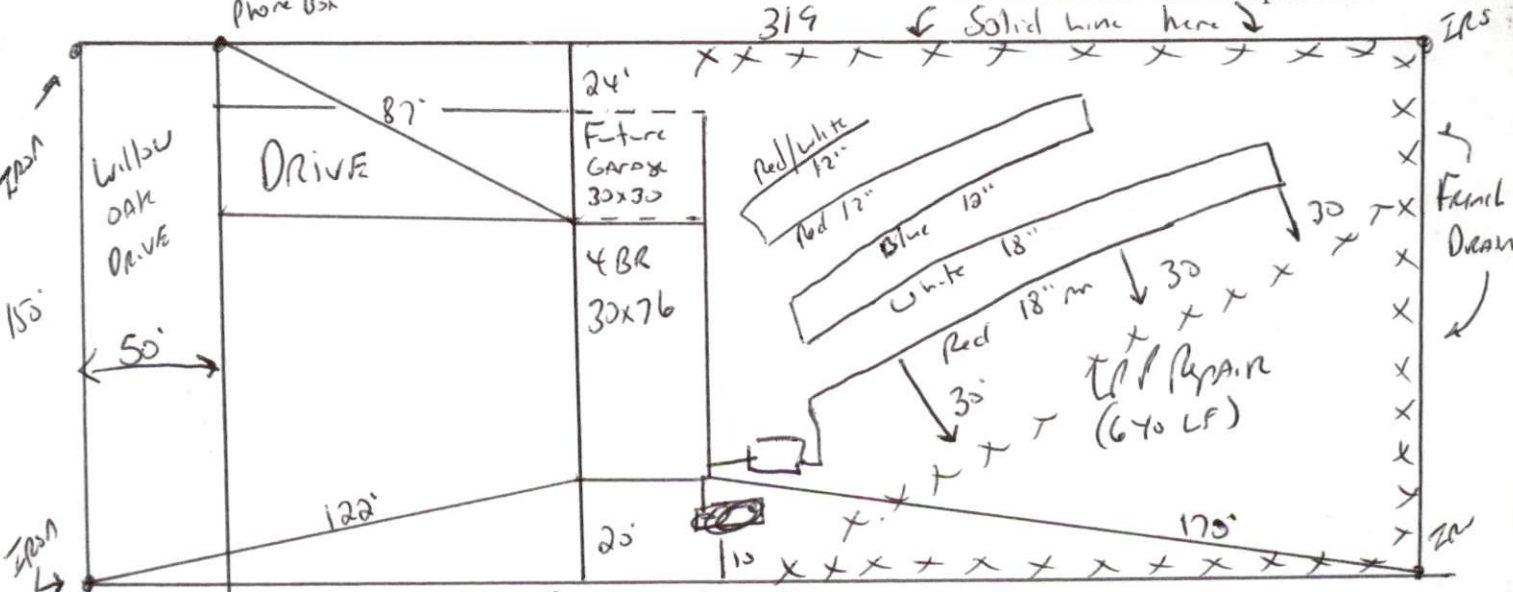
Type of system: Conventional Other _____

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 2-18" in. max

French Drain Required: 550 Linear feet
12 to 18" wide with 3 to 4" of Gravel or Tire Chips Date: 4-6-05

This permit is subject to revocation if site plans or intended use change. Signed: [Signature]
Environmental Health Specialist



Must meet onsite for Final Layout
Plumbing must be stubbed out shallow (at ground level or higher) or Pump may be required - 1st 2 Lines 18" max Ditch Depth - Remaining Line 12" Ditch Depth - will need 8 to 12" cover

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21820. 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.*

STANKY JACKSON
Name _____ Telephone # _____

Address _____

2041

Property Location SR# _____ Road Name _____

Willow Oaks

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 Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 400 Ft.

Width of ditches 3 ft. Depth of ditches 12-18" 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 West RS
Signature of Authorized Agent for Harnett County

4-6-05
Date