

HTE 05-50012241

**IMPROVEMENT PERMIT**

**22070**

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) PAMELA LUCAS  New Installation  Septic Tank  
Property Location: SR# 2027 JOSEY WILLIAMS RD  Repairs  Nitrification Line

Subdivision ANNE B. PEMBERTON Lot # 11

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

Number of Bedrooms Proposed: 2 Lot Size: 1.73ac

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 100 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: 1000 gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 2 of each ditch 80 ft. ditches 3 ft. ditches 16 in.

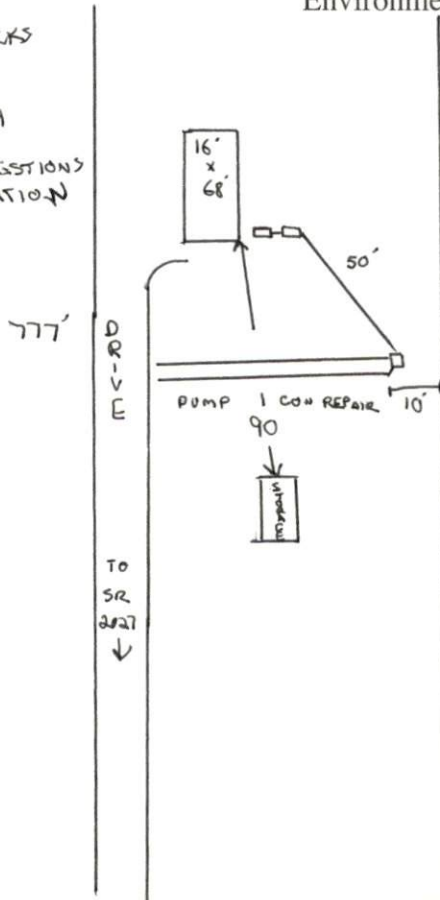
French Drain Required: \_\_\_\_\_ Linear feet

Date: 6/21/05

Signed: [Signature] RS (OLIVER TOLKSOEFF)  
Environmental Health Specialist

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

- \* MAINTAIN ALL SETBACKS
- \* PUMP SECS  
23 gpm @ 9' TOH
- \* CALL WITH ANY QUESTIONS  
PRIOR TO INSTALLATION



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 # 22070. 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.*

PAMELA LUCAS 980-1968  
Name Telephone #

PO BOX 279 LINDEN NC 28356  
Address

2027 JOSEY WILLIAMS RD  
Property Location SR# Road Name

ANNIE B PEMBERTON 11 2 173  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other PUMP TO CONVENTIONAL

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

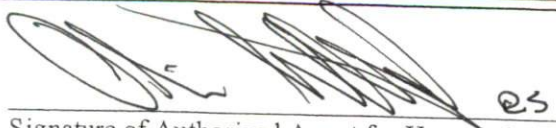
**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 2 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 16 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.

 es  
Signature of Authorized Agent for Harnett County

6/21/05  
Date