

HTE# 06-50013909

ARNETT COUNTY HEALTH DEPARTMENT

# IMPROVEMENT PERMIT 22507

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) Graham F Holder      New Installation  Septic Tank  Repair   
 Property Location: SR# 1273      Nitrification Line  Expansion   
 Subdivision \_\_\_\_\_      Lot # \_\_\_\_\_  
 Tax ID# \_\_\_\_\_      Quadrant # \_\_\_\_\_  
 Number of Bedrooms Proposed: 3(14x70)      Lot Size: 35.36 AC

Basement with Plumbing:  Garage:   
 Water Supply:  Well  Public  Community Met onsite  
 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 \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons      Pump Tank: \_\_\_\_\_ gallons

Subsurface	No. of	exact length	width of	depth of
Drainage Field	ditches	of each ditch	ditches	ditches
	<u>4</u>	<u>75</u>	<u>3</u>	<u>18</u>

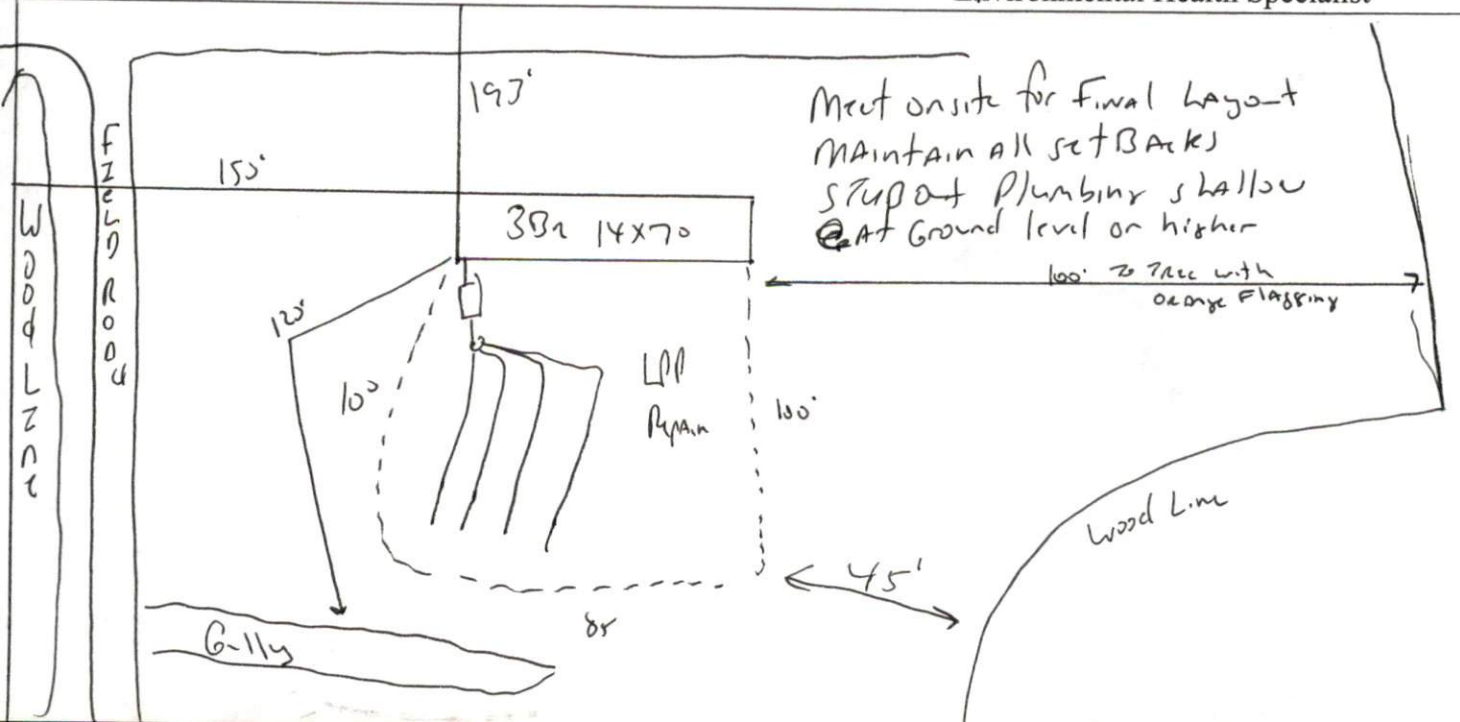
French Drain Required: \_\_\_\_\_ Linear feet

Date: 01-30-06  
**PERMIT EXPIRES 5 YEARS FROM ABOVE DATE**

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

Signed: Joe W. [Signature]  
 Environmental Health Specialist

SR 1273



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 # 22507. 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.*

Graham F Holder  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1273  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ # Bedrooms Proposed 3 (14x70) Lot Size 35.36 Ac

**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 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 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.

Jon West RS  
Signature of Authorized Agent for Harnett County

01-30-06  
Date