

00-011599

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) Chester & Connie Beard New Installation Septic Tank
Property Location: SR# Hwy 401 Repairs Nitrification Line

Subdivision _____ Lot # _____
Tax ID # 10-0549-0023-03 (split) Quadrant # 0559-51-4794 (split)
Number of Bedrooms Proposed: Three Lot Size: 0.75 acres

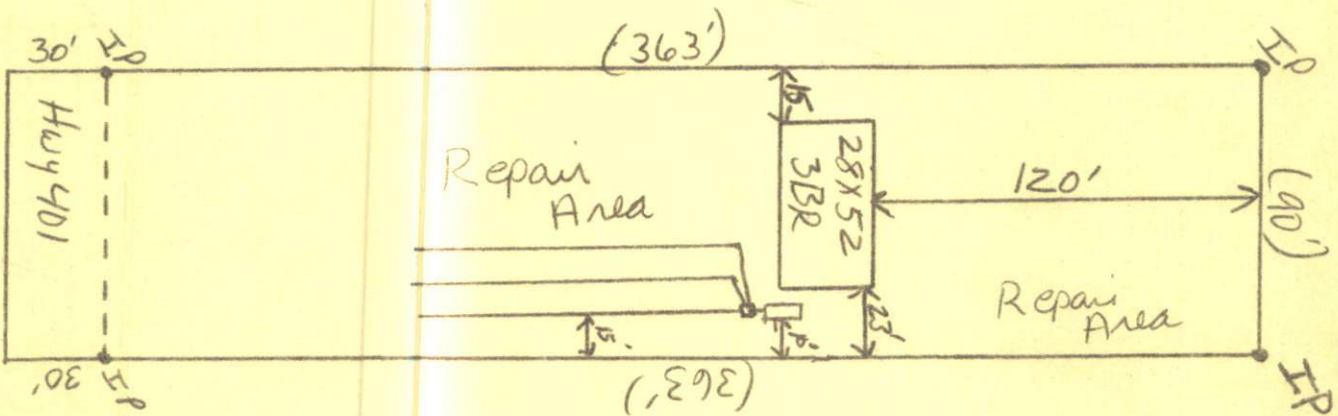
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

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

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ~~4~~³ exact length 100 ft. width of 3 ft. depth of 18 max in.
French Drain Required: _____ Linear feet

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

Date: 16 Oct 2000
Signed: Vincent R. Dodge, P.S.
Environmental Health Specialist



Scale
1" = 60'

* maintain setbacks
* install lines at 18"
* set tank shallow

* 3 x 100' lines

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

00-011599

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18126. 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.

Owner or Authorized Agent _____

Name: Chester & Connie Beard Telephone # 893-5097

Address: 1608 Hwy 401 PO Box 841 Lillington, NC

Property Location: SR # Hwy 401 Road Name Hwy 401

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 100 feet
Width of ditches 3 ft. Depth of ditches 18 max 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.

Authorized Agent for Harnett County Health Department

Name: Vincent R. Doby, R.S. Date: 16 Oct 2000