

03-5-8242R
HTE 21020

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

20727

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) DOBY, ROBERT & SHERRI New Installation Septic Tank
Property Location: SR# 1103 CYPRESS RD Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.78 AC

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 Drainage Field: No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

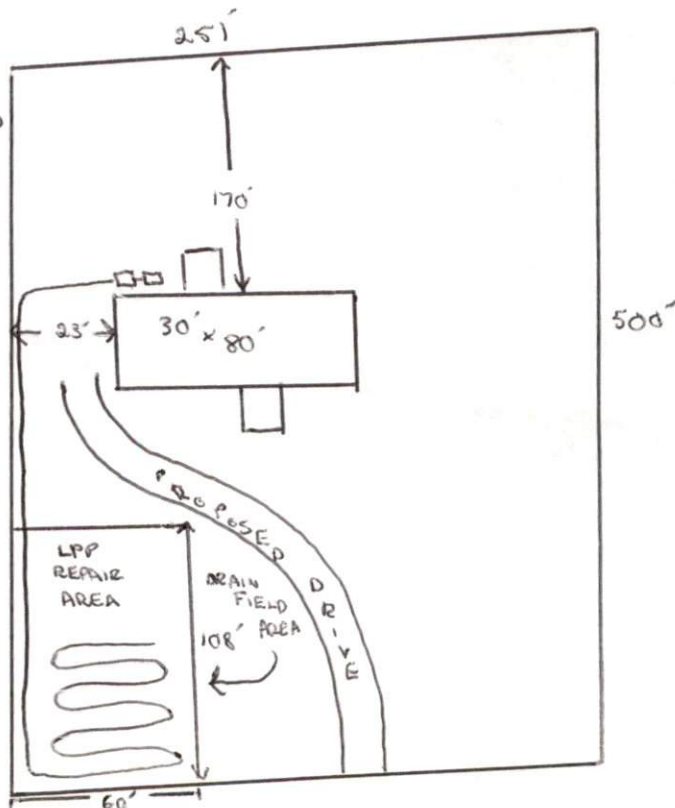
French Drain Required: _____ Linear feet

Date: 3/29/04

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

Signed: [Signature] RS COLIVER TOLKSON
Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
- * THIS IS THE SECOND PERMIT FOR THIS LOT. THE ORIGINAL DRAINFIELD SITE WAS DESTROYED BY HAVING A ROAD CUT THROUGH IT.



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 # 20727. 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.*

Doby, ROBERT & SHERRI 910-245-2893
Name Telephone #

95 CYPRESS RD CAMERON NC 28326
Address

1103 CYPRESS RD
Property Location SR# Road Name

3 2.78 AC
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 1 Length of lines 300 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.

[Signature] R3 3/29/04
Signature of Authorized Agent for Harnett County Date