

HTE 03-5-8314 RR

HARNETT COUNTY HEALTH DEPARTMENT

20599

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) Larnic Bradley Jr New Installation Septic Tank
Property Location: SR# NC 27 Repairs Nitrification Line
Asset Parkway

Subdivision Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (42x64) Lot Size: 10.06 AC

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

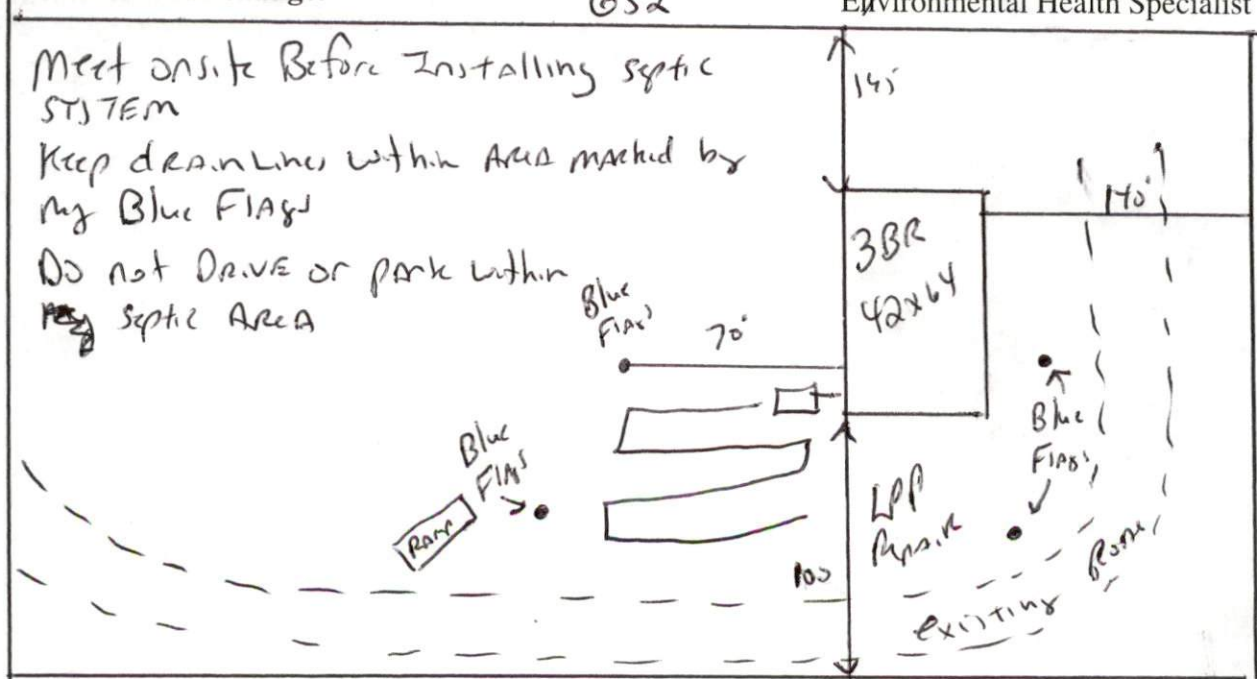
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: Linear feet

Date: 06-15-04

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

Signed: Joe WARS
Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20519. 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.*

Lamie Brady Sr
Name

Telephone #

Address

NC27

Property Location SR#

Road Name

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 240 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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

6-15-04
Date