

HTE 03-5-8345-3

IMPROVEMENT PERMIT

21014

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) KIDD, GARY W. & JEAN B.☒ New Installation☒ Septic TankProperty Location: SR# 2017 ADAMS RD☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.64 ACBasement with Plumbing: ☐ Garage: ☒Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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 3 of each ditch 133 ft. ditches 3 ft. ditches 12 in.

French Drain Required: _____ Linear feet

Date: 12/9/03

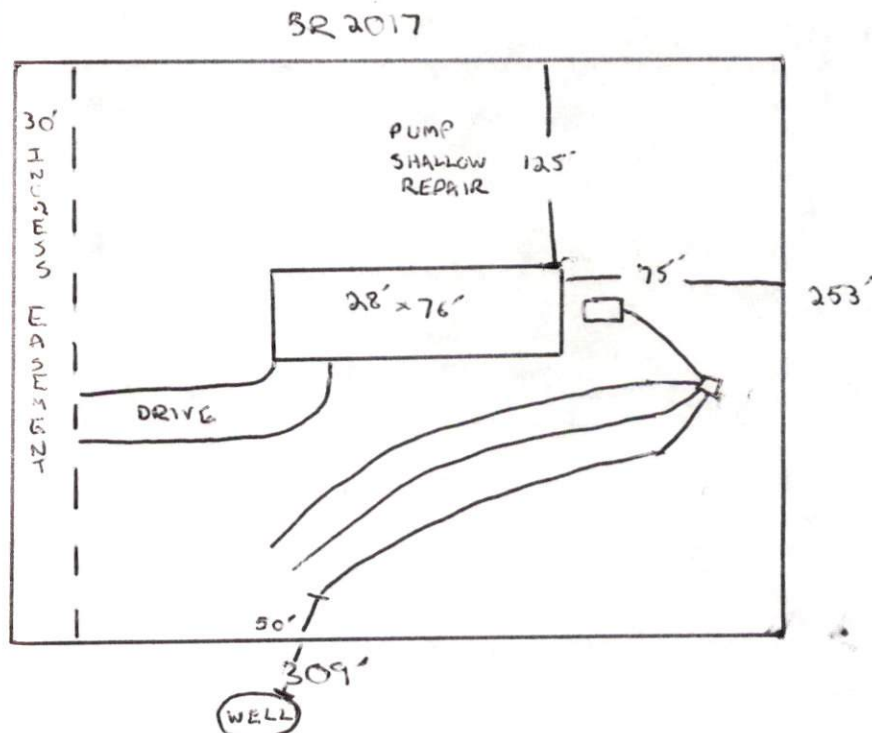
This permit is subject to revocation if site plans or intended use change.

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

* MAINTAIN ALL SETBACKS

* TANK MUST BE SET ULTRA SHALLOW TO AVOID A PUMP. IF TANK IS SET TOO DEEP A PUMP WILL BE REQUIRED

* MINIMUM OF 6" OF COVER NEEDED OVER SYSTEM



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21014. 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.*

Name KIDD, GARY W. & JEAN B Telephone# 893-6010
Address 650 ADAMS RD LILLINGTON NC 27546
Property Location SR# 2017 ADAMS RD Road Name _____
Subdivision _____ Lot # 3 # Bedrooms Proposed _____ Lot Size 1.69

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 3 Length of lines 133 Ft.

Width of ditches 3 ft. Depth of ditches 12 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 of Authorized Agent for Harnett County of Harnett

RS

12/9/03

Date