

03-57232

04-5-8917

# 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) CHARLES DENT <sup>CALVIN SIMPSON</sup>  New Installation  Septic Tank  
Property Location: SR# 2048 BETHEL BAPTIST RD  Repairs  Nitrification Line

Subdivision TALL OAKS Lot # 1

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4 Lot Size: 1.43 ac

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: \_\_\_\_\_ 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

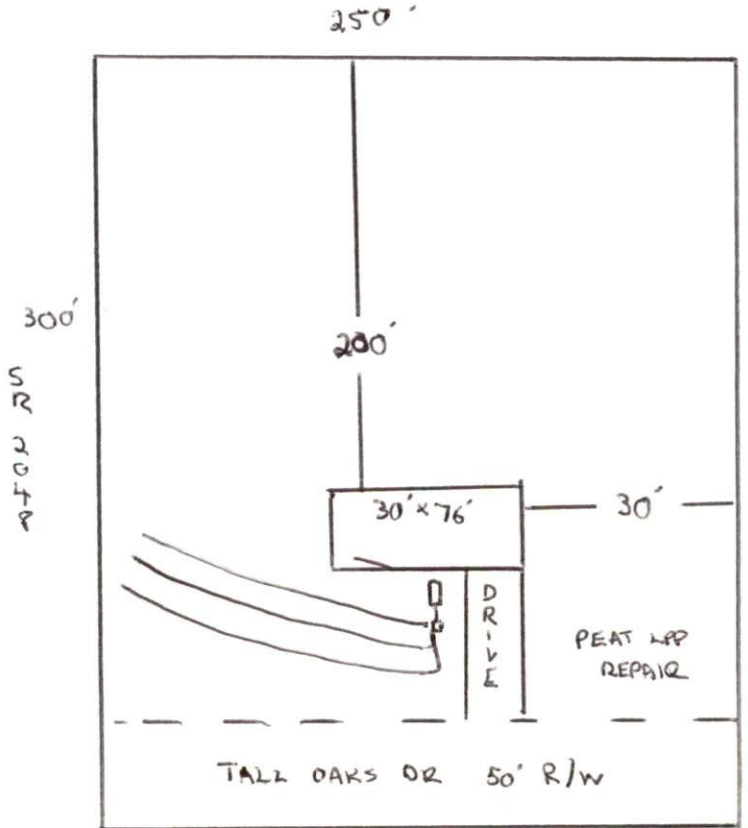
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12-15 in. <sup>\* SEE BELOW</sup>

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

Date: 6/17/03  
Signed: [Signature] RS (OLIVER TOLKSDORF)  
Environmental Health Specialist

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

PERMIT REVISED ON 3/11/04 BY OT



DRAWING NTS

- \* MAINTAIN ALL SETBACKS
- \* FURTHEST LINE FROM HOUSE TO START AT 15" DEEP.
- \* TANK TO SH ABOVE GRADE. IF TANK IS SET TOO DEEP A PUMP WILL BE REQUIRED.
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION
- \* MINIMUM OF 6" OF COVER NEEDED OVER ENTIRE SITE

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 # 20088. 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.***

CALVIN SIMPSON  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

25 TALL OAKS DR SPRING LAKE NC 28390  
Address \_\_\_\_\_

2048 BETHEL BAPTIST RD  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

TALL OAKS                      1                      4                      1.72ac  
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: 100 Ft.

Septic Tank 1000 gal    Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 12-15 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] RS  
Signature of Authorized Agent for Harnett County

3/11/04  
Date