

HTE 05-5002384R

IMPROVEMENT PERMIT

22074

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) MARCHISON HOMES INC
Property Location: SR# 2035 STOCKYARD RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision STOCKYARD RD. EST. Lot # 53

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: .59

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 25% REDUCTION SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

Subsurface Drainage Field: No. of ditches, exact length of each ditch, width of ditches, depth of ditches

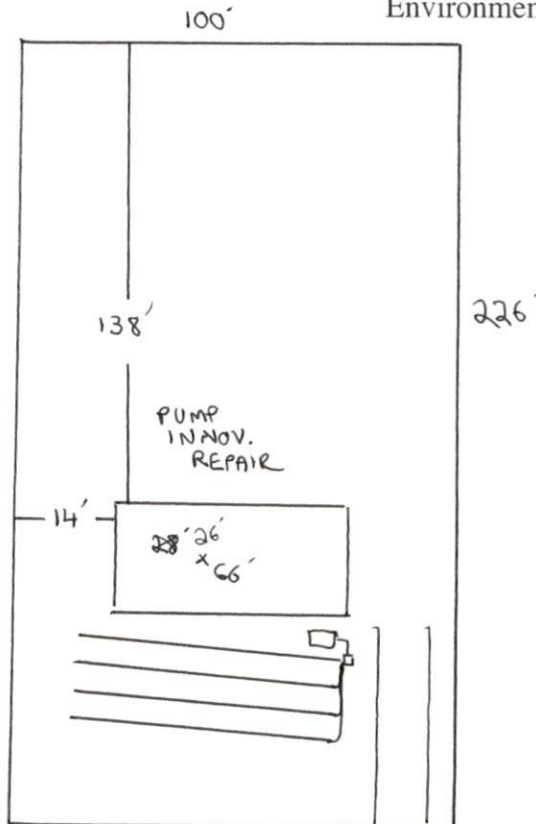
French Drain Required: Linear feet

Date: 6/23/05

Signed: [Signature] Environmental Health Specialist

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

\*MAINTAIN ALL SETBACKS
\*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



REVISED 7/22/05

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 # 22074. 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 MARCHBON HOMES INC Telephone # 919-777-0200

Address 2725 JEFFERSON DAVIS HWY SANFORD NC 27332

Property Location SR# 2035 Road Name STOCKYARD RD

Subdivision STOCKYARD RD EST. Lot # 53 # Bedrooms Proposed 3 Lot Size .59

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional  Other 25% REDUCTION SYSTEM

[ ] 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 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 26-18 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 of Authorized Agent for Harnett County

4/23/05  
Date