

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

22083

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12604

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) COLIN WATSON - CHOOCHOO HOMES  New Installation  Septic Tank  
Property Location: SR# 1125 LEMUEL BLACK RD  Repairs  Nitrification Line

Subdivision HUDSON Lot # 3

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

Number of Bedrooms Proposed: 3 (360 sq ft) Lot Size: .86

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 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24 in.

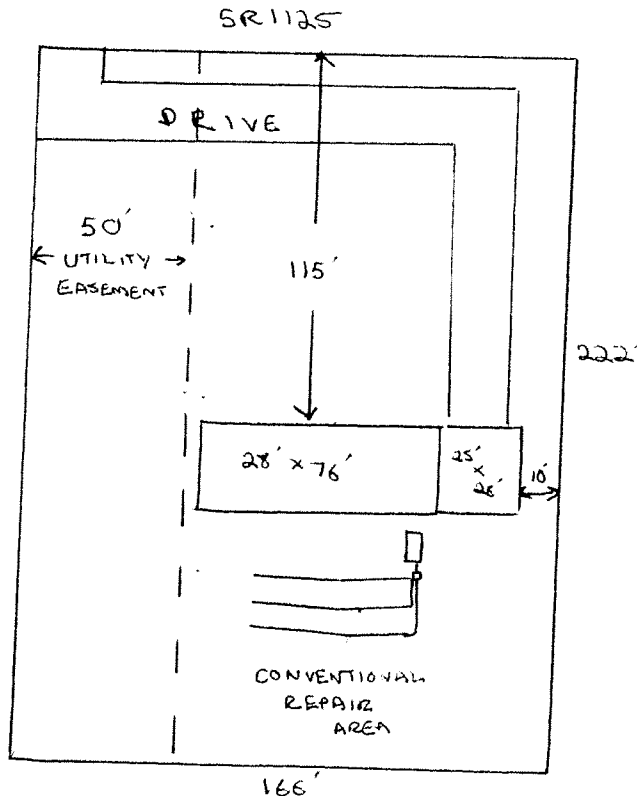
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/25/05

Signed: [Signature] ES (OLIVER TOLKSWORF)  
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



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 # 22083. 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 COLIN WATSON - ChadCree Homes Telephone # 860-8787

Address 4209 BEAGG BLVD FAYETTEVILLE NC 28303

Property Location SR# 1125 Road Name LEMUEL BLACK RD

Subdivision HUDSON Lot # 3 # Bedrooms Proposed 3 (360 sqd) Lot Size .86

**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 50 Ft.

Width of ditches 3 ft. Depth of ditches 24 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 [Signature]

Date 7/25/05