

HTE# 05-50012912

IMPROVEMENT PERMIT 22741

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) Richard Kramer New Installation Septic Tank Repair

Property Location: SR# 1116 Doc's Rd Nitrification Line Expansion

Subdivision Fox Run Lot # 19

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x64) 360 gal/day Lot Size: 0.75 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 No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 400 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

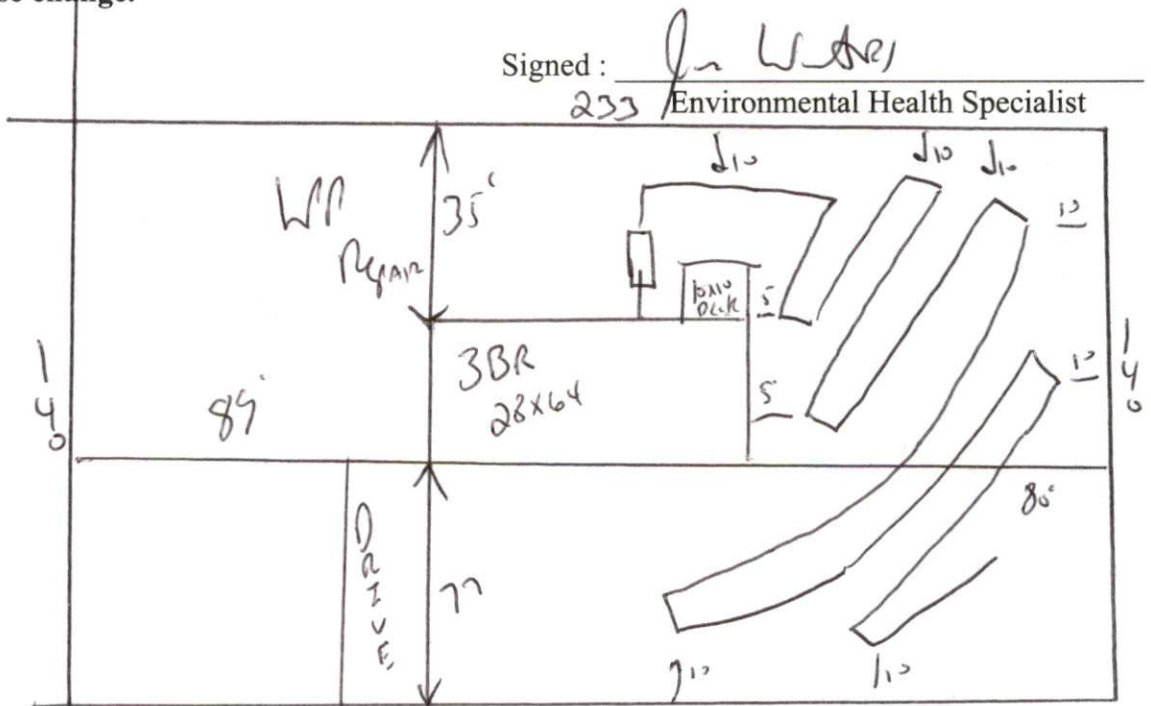
Date: 09-07-05

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
233 Environmental Health Specialist

Meet onsite
for final
Layout
Subsoil
Plumbing
shallow
at ground level
or higher
maintain all
setbacks



← To SR 1116 PRAIRIE LANE 233

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 # 22741. 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.*

Richard Kramice
Name _____ Telephone # _____

Address _____

1116
Property Location SR# _____ Road Name _____
Fox Run 19 3 (28x64) 360 sqd .75M
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 400 Ft.
Width of ditches 3 ft. Depth of ditches 18 max 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 _____ 09-07-05
Signature of Authorized Agent for Harnett County _____ Date _____