

HTE# 05-5-13142

IMPROVEMENT PERMIT 22765

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) Sheldon + Theresa Pope New Installation Septic Tank Repair
 Property Location: SR# 1563 Bell Ave Nitrification Line Expansion
 Subdivision _____ Lot # _____
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 4 4806PD Lot Size: 2.63 acres

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 25% Reduction System

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field	No. of ditches	exact length of each ditch	width of ditches	depth of ditches
	<u>3</u>	<u>100</u> ft.	<u>3</u> ft.	<u>22-18</u> in.

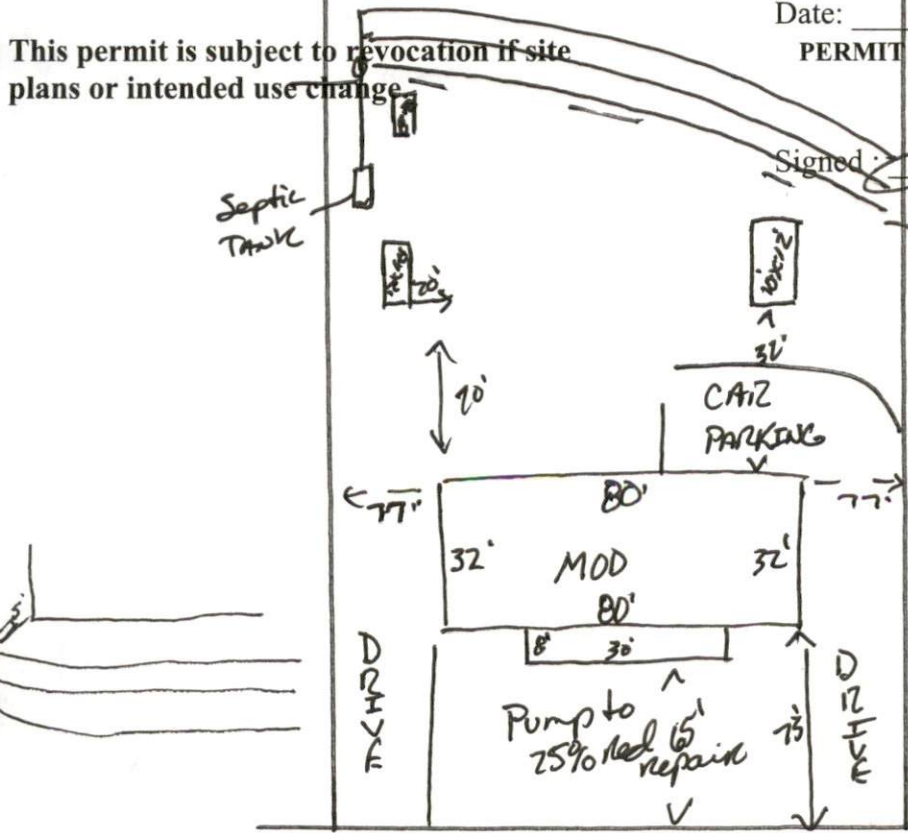
French Drain Required: _____ Linear feet

Date: 10-11-05
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Manhart
 Environmental Health Specialist
 HARNETT

*Contractor to meet on site for correct placement.



SR 1563 Bell Ave

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 # 12765. 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 Sheldon + Sheresa Pope Telephone # 919-868-0591

Address 1395 OIO STAGE RD Conds N.C. 27521

Property Location SR# 1563 Road Name Bell Avenue

Subdivision _____ Lot # _____ # Bedrooms Proposed 4 4806PD Lot Size 2.63

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Red system

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 22-18 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.

James E. Mantel
Signature of Authorized Agent for Harnett County

10-11-05
Date