HTE# 06-50013943R

IMPROVEMENT PERMIT 22493

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) FREO CHISHOLM New Installation Septic Tank Repair Property Location: SR# 2037 Hamilton Ro Nitrification Line 🗷 Expansion 🗖 Subdivision IVA PEARL LEE Lot # _ 💫 Tax ID# Quadrant # Number of Bedrooms Proposed: 3(36098) Lot Size: .93Ac 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 _____ Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons No. of exact length ditches 3 ft. of each ditch 40 ft. ditches 3 ft. ditches 3 ft. ditches 3 in. Subsurface Drainage Field French Drain Required: Linear feet Date: 2266
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. PS COLIVER TOLKSDOE Signed: Environmental Health Specialist * MAINTAIN ALL SETBACKS *CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION CONVENTIONAL REPAIR AREA *SET TANK BEHIND NEW HOUSE. TANK LOCATION Moved Due To REVISED HOUSE LOCATION REVISED 4/25/06 **P** 18' BY OT 108

HAMILTON RD

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 # 2243 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. 127 MAMILTON RO BONNLEYEL NC Address Hamilton Co Road Name Lyn Read Lee 2 3(360 ge)
Subdivision Lot # # Bedrooms Pro **TYPE OF SYSTEM** New Installation [] Repair New Installation [] Repair New Installation [] New Installa Conventional [] Other [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Public Water Supply Minimum Well Setback: _____Ft. Septic Tank _______ gal Pump Chamber _____ gal **NITRIFICATION FIELD SPECIFICATIONS** Number of fields ____ # of lines per field ___ Length of lines ___ 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