

HTE 03-5-7646 & R

IMPROVEMENT PERMIT

21143

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) Dannie & Kath Furecloth☒ New Installation☒ Septic TankProperty Location: SR# 1712 Hobson Rd☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 13 AcBasement with Plumbing: ☐ Garage: ☐Water Supply: ☒ Well ☐ Public ☐ CommunityDistance 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 Pumped 25% Reduct. systemSize of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 1 ft. ditches 300 ft. ditches 18 in. max

French Drain Required: _____ Linear feet

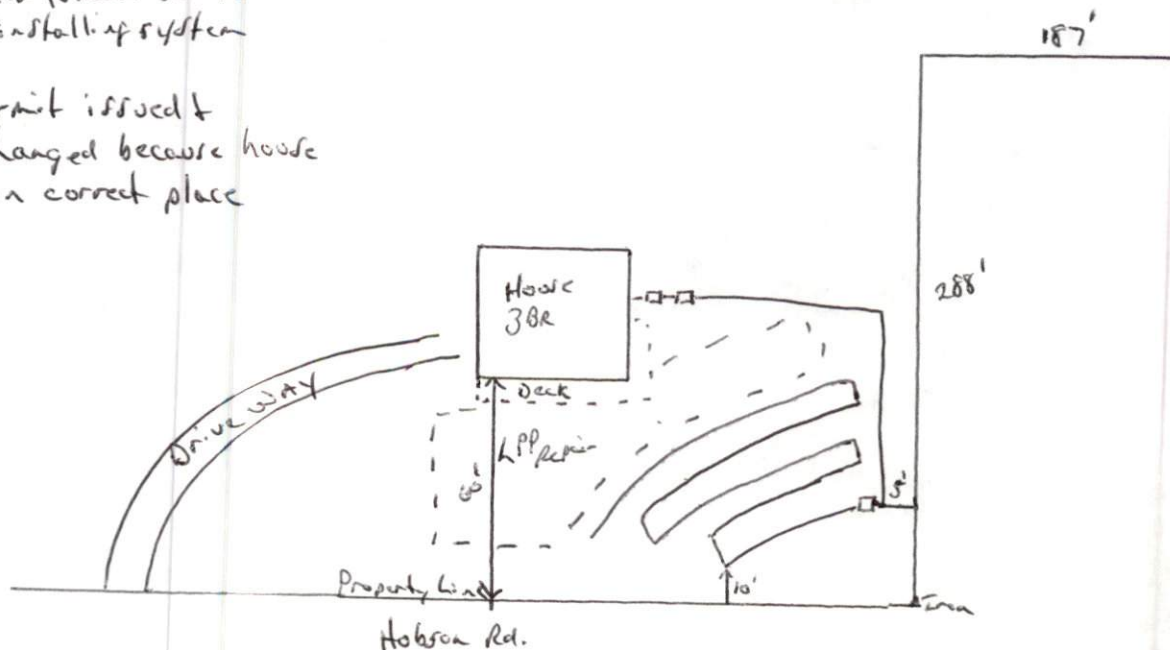
Date: 3/15/2004

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

Signed: Bryan McSwain L.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Run ditches on contour & are DEEPER than 18 inches
- * Contractor to meet on site prior to installing system

- * New Permit issued & system changed because house not put in correct place



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 # 21143. 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 Donie Faircloth Telephone # 894-7432

Address 241 W Lee Lane Dunn, N.C. 28374

Property Location SR# 1712 Road Name Hebron

Subdivision _____ Lot # 3 # Bedrooms Proposed 13 Lot Size Ac

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☐ Nitrification Lines

☐ Conventional ☒ Other Pump to 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 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches MAX

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.

Bryce McLean R.S.
Signature of Authorized Agent for Harnett County

3/15/2004
Date