

03-5-7646 R

HARNETT COUNTY HEALTH DEPARTMENT

No 19376

IMPROVEMENT PERMIT

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) Donna & Keith Faircloth☒ 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.

due to house placement
on lot (not correct)
2/18/2004 PM

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☒ Other Pump to ConventionalSize of tank: Septic Tank: 1000 gallons Pump Tank: 700 gallonsSubsurface Drainage Field No. of ditches 1 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 8 in. MAX

French Drain Required: _____ Linear feet

Date: 9/4/2003

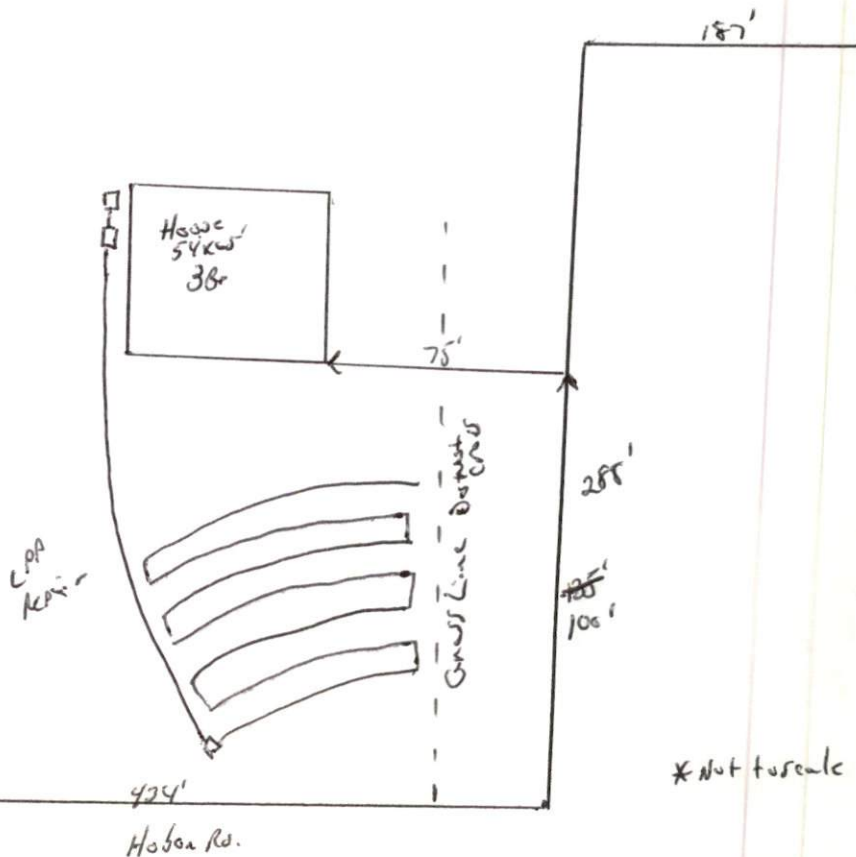
This permit is subject to revocation if site plans or intended use change.

Signed: Bryan M. Swain R.S.
Environmental Health Specialist

* Maintain all setbacks
* Run ditch on contour
+ NO DEEPER than 18 inches

* Contractor to call with
any questions prior to installing
system

* Contractor needs to meet
on site because system
will shift to right 10'
off of property line



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19376. 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 Donnie & Kath Faircloth Telephone# 894-7432

Address 241 W Lee Lane Dunn, NC 28334

Property Location SR# 1712 Road Name Hobson

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

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☐ Septic Tank ☐ Nitrification Lines

☐ Conventional ☒ Other Perp to Conventional

☐ 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 400 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature]

Date 9/4/2007