

#03-5-6402

HARNETT COUNTY HEALTH DEPARTMENT

No 18816

# 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) Linda Gustafson

New Installation

Septic Tank

Property Location: SR# Hwy 55 EAST

Repairs

Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 2 Lot Size: 1.50±

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: \_\_\_\_\_ 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 Drainage Field: No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 26-18 in.

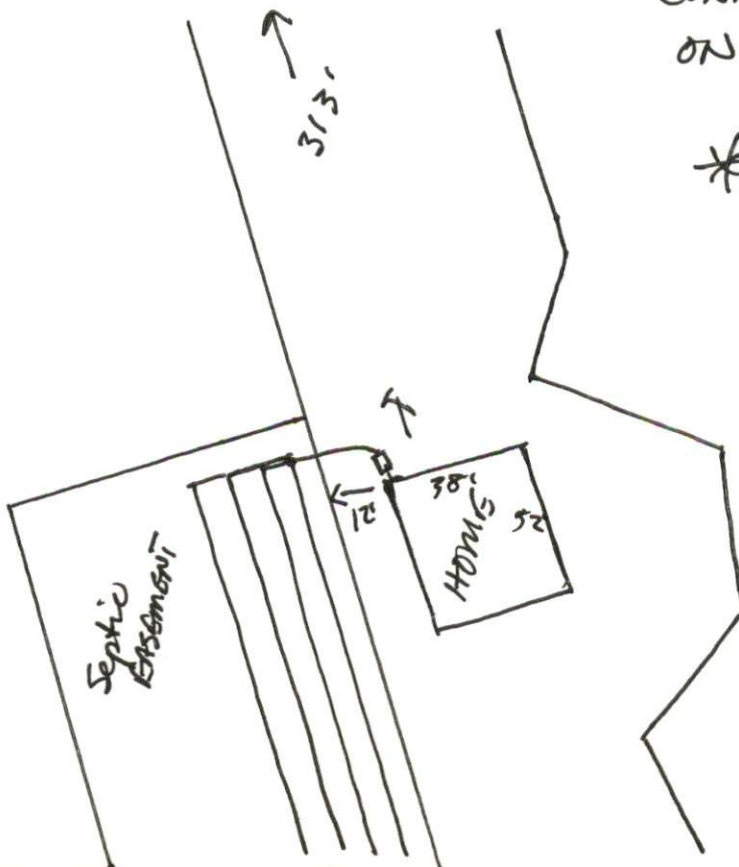
French Drain Required: - Linear feet

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

Date: 6-2-03

Signed: James C. Markland  
Environmental Health Specialist

\*Constructor to MEET ON SITE prior to installation.  
\*PERMIT WRITTEN ON recommendation OF LHS E.H. Sup!



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### 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 # 18816. 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.*

LINDA GUSTAFSON Name 910-892-4624 Telephone#

11520 NC. 55 EAST DUNN N.C. 28535 Address

Hwy 55 Property Location SR# 55 Road Name

Subdivision \_\_\_\_\_ Lot # 2 # Bedrooms Proposed 2 Lot Size 1.50+-

#### 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: \_\_\_\_\_ Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

#### NITIRFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 26-18 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. Manhart  
Signature of Authorized Agent for Harnett County of Harnett

6-2-03  
Date