

#63-5-7157

HARNETT COUNTY HEALTH DEPARTMENT

No 18817

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) THURMAN P FAIRCLOTH☒ New Installation☒ Septic TankProperty Location: SR# LANE (1802) + LEE (1803)☐ Repairs☒ Nitrification LineSubdivision _____ Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 0.80Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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 _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18 in.French Drain Required: - Linear feetDate: 6-3-03

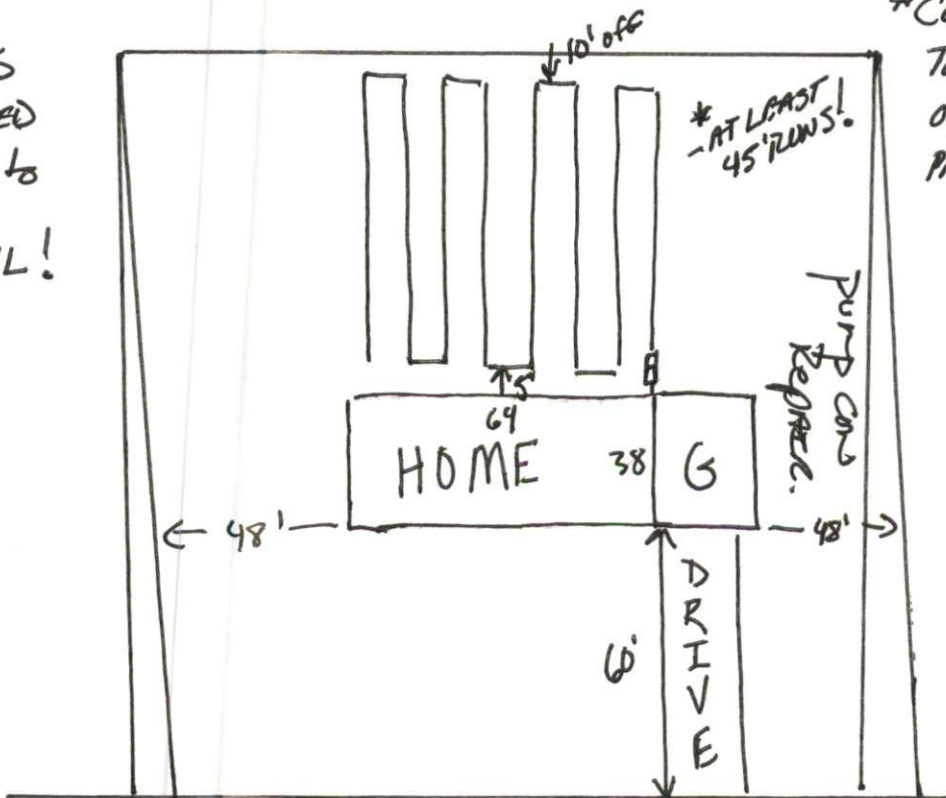
This permit is subject to revocation if site plans or intended use change.

Signed: James C. Markham
Environmental Health Specialist

*Contractor

TO MEET
ON SITE
PRIOR TO
INSTALLATION!

*HOME HAS
BEEN MOVED
FORWARD TO
60' FROM
FRONT P/L!



LANE Rd 1802

#03-5-7157

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 # 18817. 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 Thurman P. Faracloth Telephone# 892-4247

Address 202 3rd ST Enwiler N.C. 28539

Property Location SR# 1802 + 1803 Road Name LONG FLAKE

Subdivision 1 Lot # 3 # Bedrooms Proposed 3 Lot Size .80

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: 50' Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 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. Markham
Signature of Authorized Agent for Harnett County of Harnett

6-3-03
Date