

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-50013715

IMPROVEMENT PERMIT 22809

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) RICKY LEE DAY New Installation [X] Septic Tank [X] Repair [ ]
Property Location: SR# RED ROBIN DR Nitrification Line [X] Expansion [ ]
Subdivision OAKCROVE ESTATES Lot # 35
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: .75 ac

Basement with Plumbing: [ ] Garage: [ ]
Water Supply: [ ] Well [X] Public [ ] Community
Distance 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 [X] Other PUMP TO 25% REDUCTION SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 ft. of each ditch 110 ft. ditches 3 ft. ditches 12 in.

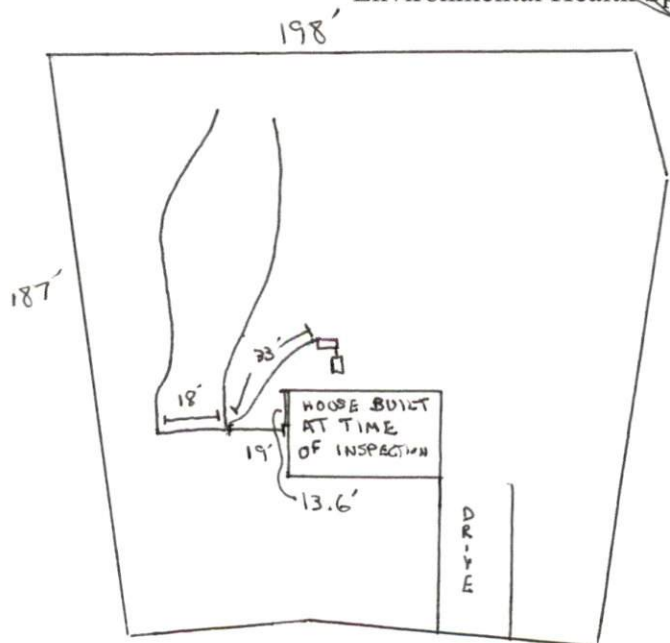
French Drain Required: Linear feet

Date: 3/7/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] RS (OLIVER TOLKOFF)
Environmental Health Specialist

- \* PUMP SPECS 27 gpm @ 5' TDH
\* MANHOLE SPECS
2 3/4" SCH 40 TAPS
2' PRESSURE HEAD
2" SCH 40 PIPE
\* NO REPAIR AREA NEEDED DUE TO AGE OF LOT
\* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION
\* 6" OF COVER NEEDED OVER ENTIRE SYSTEM



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 # 22809. 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.*

RICKY LEE DAY 892-6133  
Name Telephone #

PO BOX 39 LINDEN NC 28356  
Address

RED ROBIN DR  
Property Location SR# Road Name

DAKROVE EST. 35 3(360sqd) .75ac  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other Pump To 25% REDUCTION

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 2 Length of lines 110 Ft.

Width of ditches 3 ft. Depth of ditches 12 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] RS  
Signature of Authorized Agent for Harnett County

3/7/06  
Date