

Replaces Permit # 21078

HARTE COUNTY HEALTH DEPARTMENT
HTE# 03-500 8425R

IMPROVEMENT PERMIT 22550

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) Jeff Swire New Installation Septic Tank Repair

Property Location: SR# 1266 Hichy Rd Nitrification Line Expansion

Subdivision Weyerhaeuser Lot # 1

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (50x50) Lot Size: 31.59 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance 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 Pumps Conventional

Size of tank: Septic Tank: 1200 gallons Pump Tank: 1200 gallons

Subsurface Drainage Field No. of ditches 9 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 12 in. ^{max}

Must Be in 8 to 12" approved cover

French Drain Required: _____ Linear feet

Date: 03-22-06

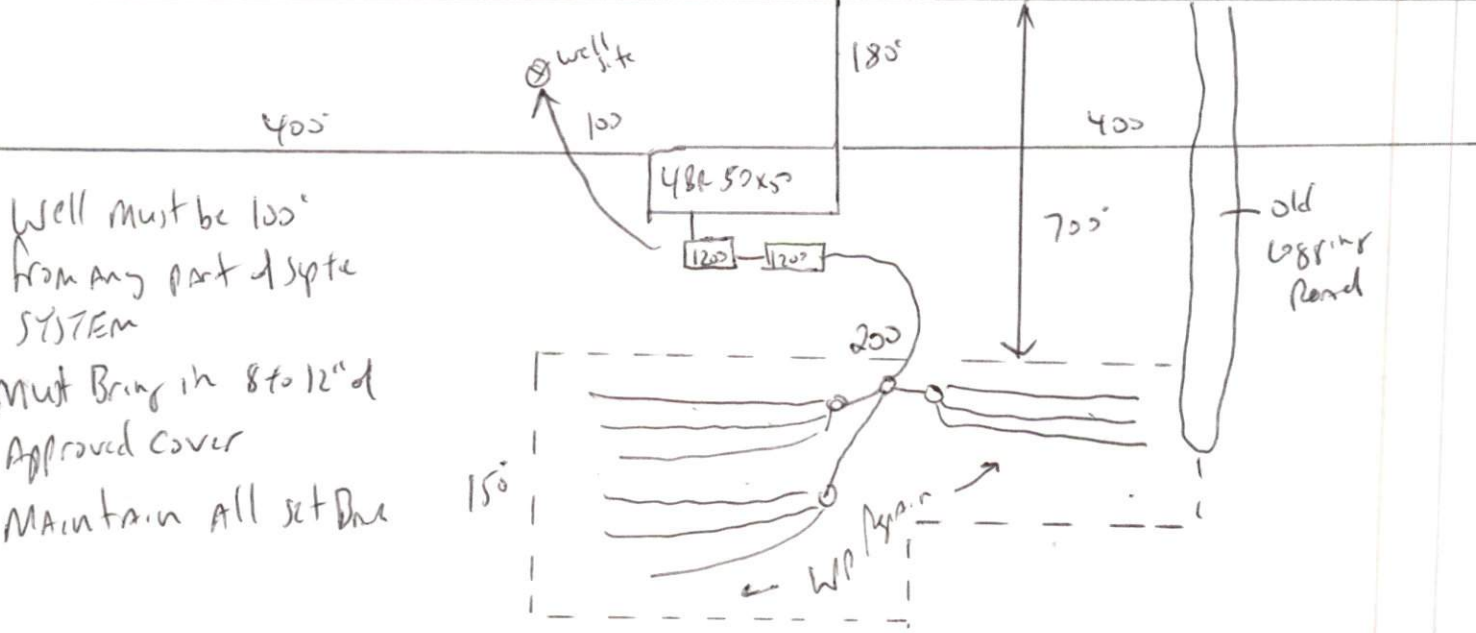
This permit is subject to revocation if site plans or intended use change.

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

*Meet onsite for Final layout
Final layout may change*

Signed: [Signature]
Environmental Health Specialist

sr 1266



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 # 22550. 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.*

Jeff Swire
Name _____ Telephone # _____

Address
1266 Hickory Rd

Property Location SR# _____ Road Name _____
Weyerhaeuser 1 4(50x50) 31.59 ac
Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot Size _____

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump To
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank ~~1200~~ 1200 gal Pump Chamber ~~1200~~ 1200 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 9 Length of lines 90 Ft.
Width of ditches 3 ft. Depth of ditches 12 MAX 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.

Joe West RS _____
Signature of Authorized Agent for Harnett County Date 03-22-06