

HTE 04-5-9890

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) MIRANDA FLEMING ☒ New Installation ☒ Septic Tank
 Property Location: SR# 1129 CLARK RD ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 15.85 AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ 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 ☐ Other _____

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

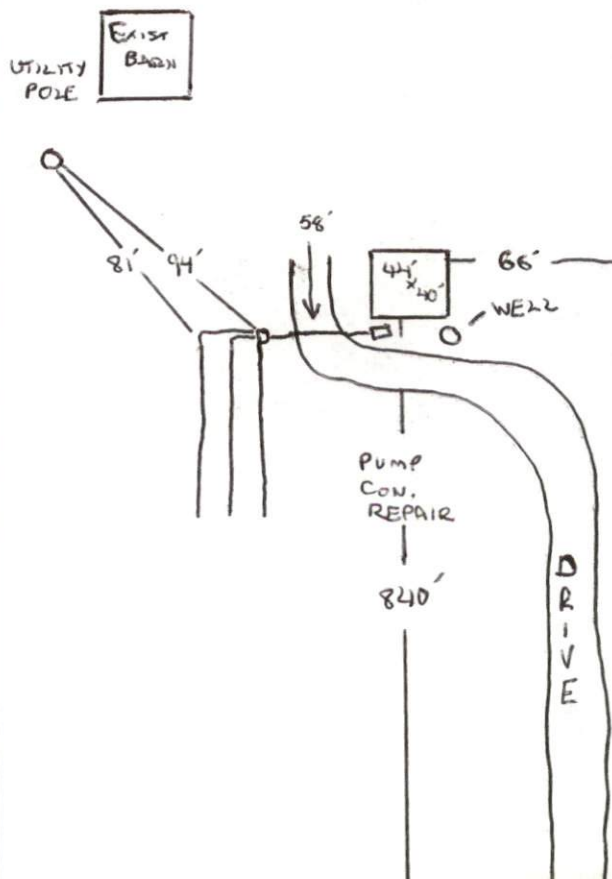
Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 80 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 7/19/00
 Signed: RS (LOWYER TOLKSDORF)
 Environmental Health Specialist

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

- * WELL TO BE FILLED IN OR PUMP TANK WILL BE NEEDED
- * SLEEVE PIPE UNDER DRIVEWAY WITH APPROVED PIPE
- * MAINTAIN ALL SETBACKS
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING
 NTS!

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 # 20931. 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.*

MIRANDA FLEMING 814-0486
Name Telephone #

280 MICROTOWER RD LILLINGTON NC 27546
Address

1129 CLARK RD
Property Location SR# Road Name

3 15.85 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

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 1 # of lines per field 3 Length of lines 80 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.

RS
Signature of Authorized Agent for Harnett County

7/19/04
Date