

HTE 04-S-10344

**IMPROVEMENT PERMIT**

21326

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) Allied Investors WEAVER DEV.  New Installation  Septic Tank  
Property Location: SR# 1141  Repairs  Nitrification Line

Subdivision The Summit Lot # 44

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

Number of Bedrooms Proposed: 3 (24x58) Lot Size: .36 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

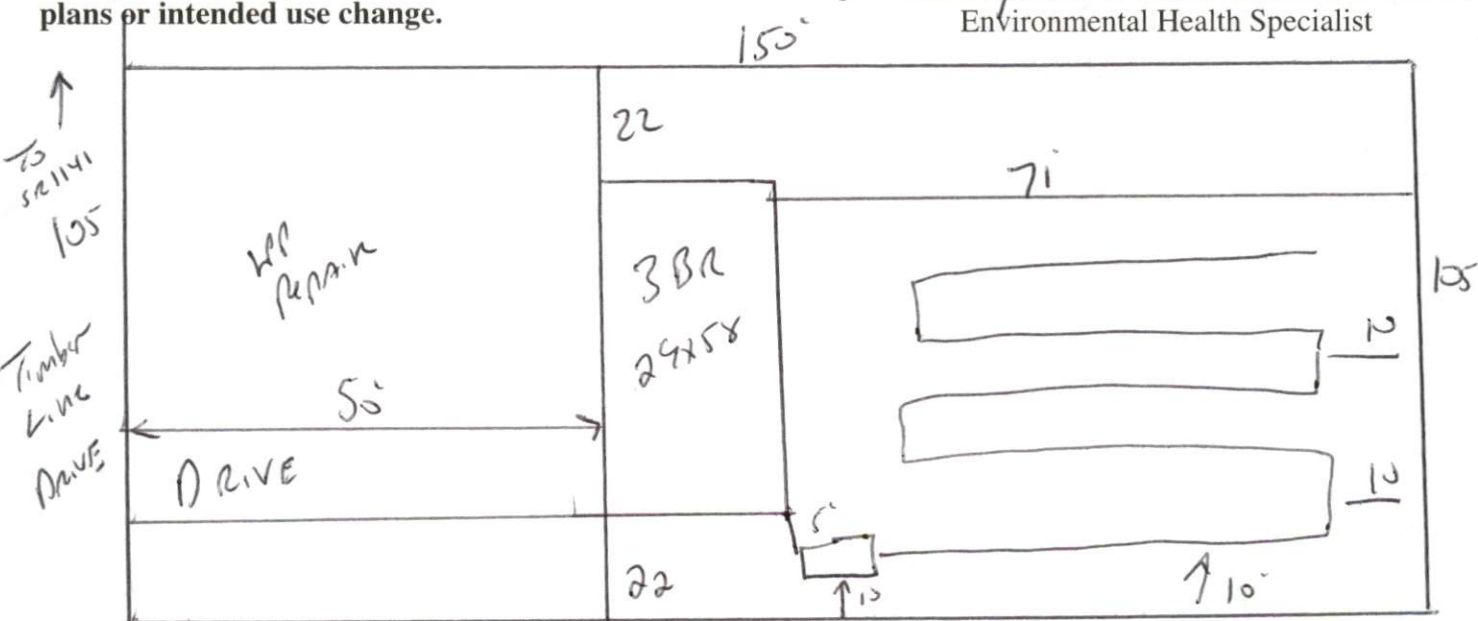
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 1824 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 9-21-04

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

Signed: [Signature]  
Environmental Health Specialist



STUB out Plumbing shallow  
MAINTAIN ALL SET BACKS

# 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 # 21326. 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 Allied Investors / Weaver Ind. Telephone # \_\_\_\_\_

Address 1141

Property Location SR# Mc Summit Lot # 44 # Bedrooms Proposed 3(24x58) Road Name 36th  
Subdivision \_\_\_\_\_ 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 1 Length of lines 200 Ft.  
Width of ditches 3 ft. Depth of ditches 18.25 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 of Authorized Agent for Harnett County Joe West RS Date 9-21-04