

HTE 04-5-10414

IMPROVEMENT PERMIT

21333

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) Angela Lyon / Lyon Builders
Property Location: SR# 123
New Installation [checked]
Septic Tank [checked]
Repairs [unchecked]
Nitrification Line [checked]

Subdivision Carolina Seasons Lot # H-31

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

Number of Bedrooms Proposed: 3 (55x65) Lot Size: .62 AC

Basement with Plumbing: [unchecked] Garage: [checked]

Water Supply: [unchecked] Well [checked] Public [checked] Community [unchecked]

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: [checked] Conventional [unchecked] 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 18.24 in.

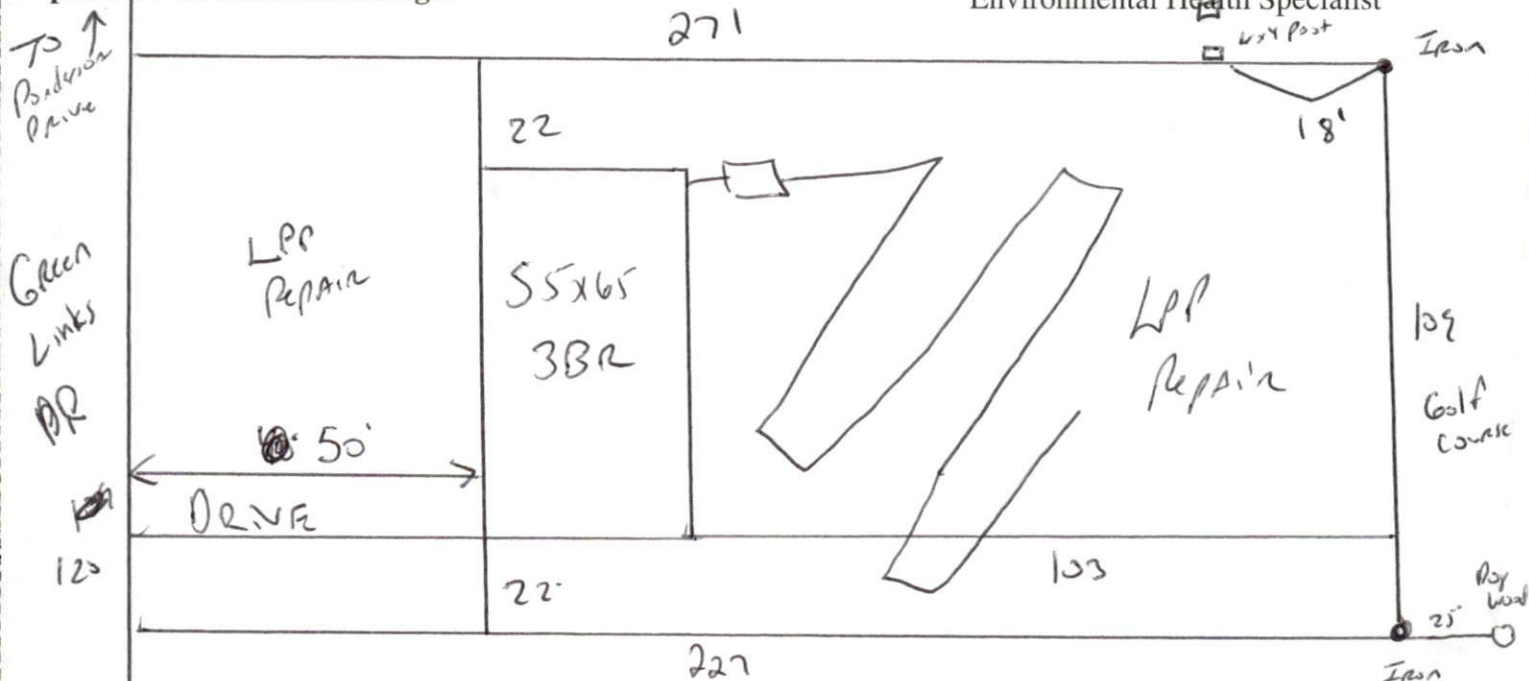
French Drain Required: \_\_\_\_\_ Linear feet

Date: 9-30-04

Signed: [Signature]

Environmental Health Specialist

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



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 # 21333. 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 Angela Lyon / Lyon Builders Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Property Location SR# 1201

Subdivision Carolina Season Lot # H-31 # Bedrooms Proposed 3 (55x65) Road Name 62A 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 18-24 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 9-30-04