

HTE 05 50012048

IMPROVEMENT PERMIT

22057

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) BOBBY BYRD
Property Location: SR# 421
New Installation [checked]
Septic Tank [checked]
Repairs [unchecked]
Nitrification Line [checked]

Subdivision MYRTLEWOOD Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.22

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

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

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: [unchecked] Conventional [checked] Other Pump To 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

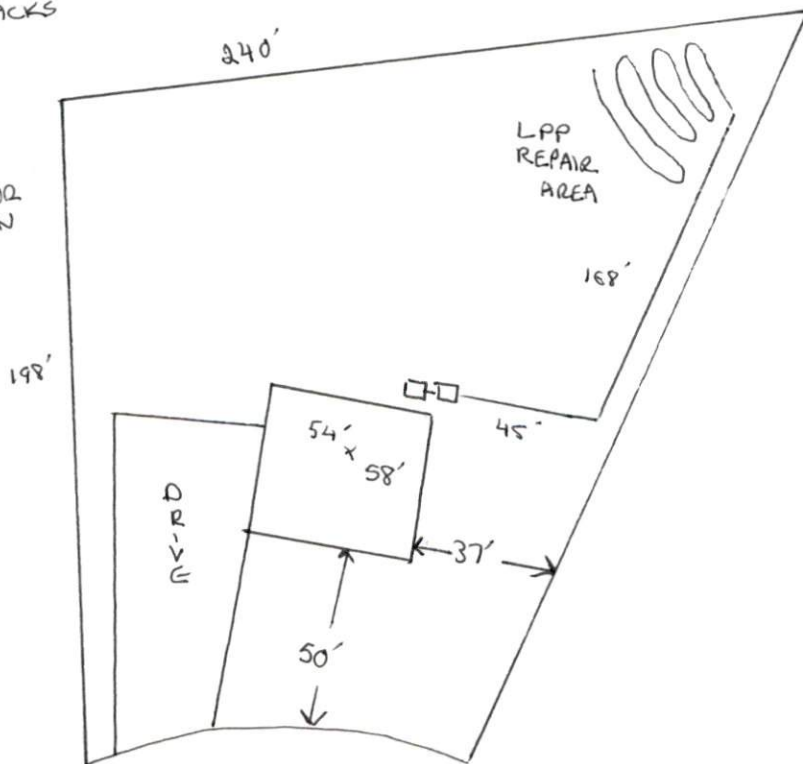
French Drain Required: _____ Linear feet

Date: 5/20/05

Signed: [Signature] ES (OLIVER TOLKSOEFF) Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
* 33gpm @ 7.5' TDH
128 gal/dose
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 22057. 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 Bobby Byrd Telephone # 897-8889

Address 8654 US4215 ERWIN NC 28339

Property Location SR# 421 Road Name _____

Subdivision MYRTLEWOOD Lot # 3 # Bedrooms Proposed 3 Lot Size 1.22

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines

[] Conventional [] Other PUMP TO 25% REDUCTION SYSTEM

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 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.

Signature of Authorized Agent for Harnett County _____ Date _____