

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-50012842

IMPROVEMENT PERMIT 22216

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) FRANK STUMP New Installation [X] Septic Tank [X] Repair [ ]

Property Location: SR# 2016 ROSS RD Nitrification Line [X] Expansion [ ]

Subdivision LEO GODWIN Lot # 4

Tax ID# Quadrant #

Number of Bedrooms Proposed: 2 (240 sq ft) Lot Size: 23.18 AC

Basement with Plumbing: [ ] Garage: [X]

Water Supply: [ ] Well [X] 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 [X] Other PUMP TO CONVENTIONAL

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

Subsurface Drainage Field No. of ditches 4 ft. exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: Linear feet

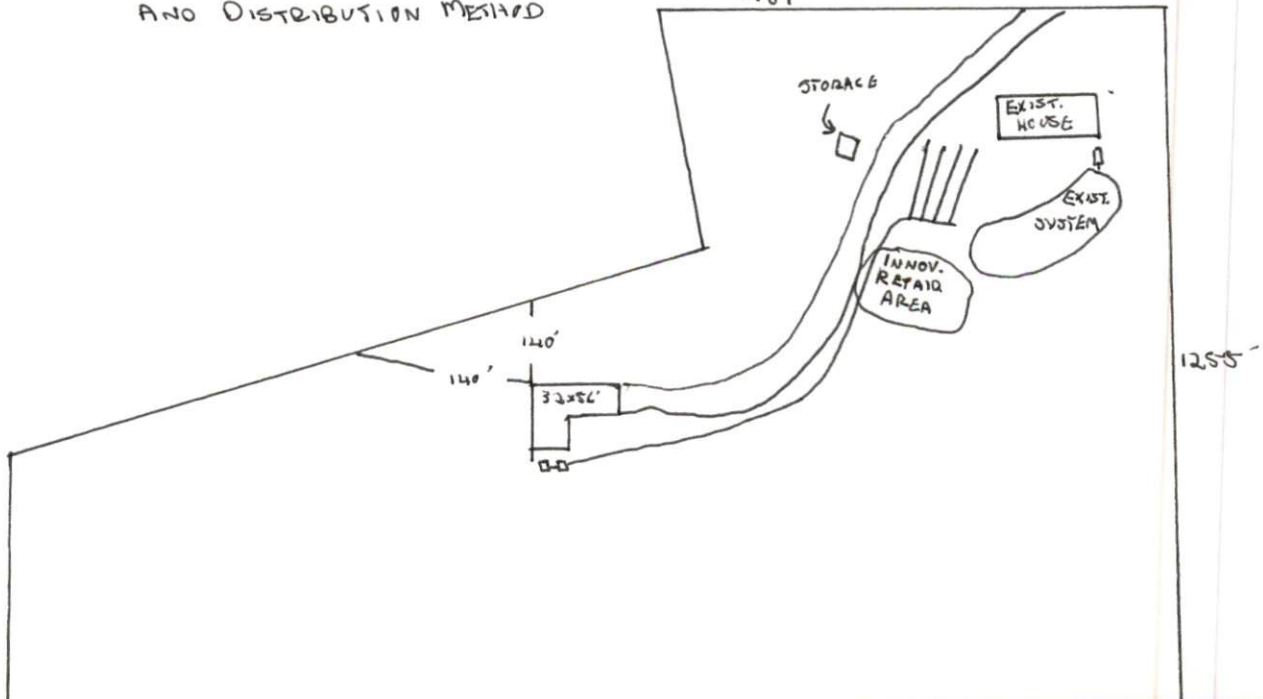
Date: 9/27/05

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

\*MEET ON SITE PRIOR TO INSTALLATION TO FINALIZE LOCATION OF SUPPLY LINE AND DISTRIBUTION METHOD

Signed: [Signature] ES (OLIVER TOLKSDORF) Environmental Health Specialist 489'



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 # 22216. 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.*

FRANK SUMP  
Name 910-893-4002  
Telephone #

1005 9TH ST. LILLINGTON NC 27546  
Address

2016  
Property Location SR# Ross Rd  
Road Name

LEO GOOWIN 4 2 (240 gal) 23.18 AC  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional  Other PUMP TO CONVENTIONAL

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 12 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]  
Signature of Authorized Agent for Harnett County

9/27/05  
Date