

HTE# 05-0500-13750

# IMPROVEMENT PERMIT 22527

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) Joseph Allen New Installation  Septic Tank  Repair

Property Location: SR# 1265 Nitrification Line  Expansion

Subdivision Campbells Creek Est Lot # 2

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

Number of Bedrooms Proposed: 3 (72x50) 360 sq ft Lot Size: 0.77 AC

Basement with Plumbing:  Garage:  Note Drive must go along

Water Supply:  Well  Public  Community Property Line as shown - Drive to

Distance From Well: 50 ft. be 15' wide max

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other Pumps to Conventional

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

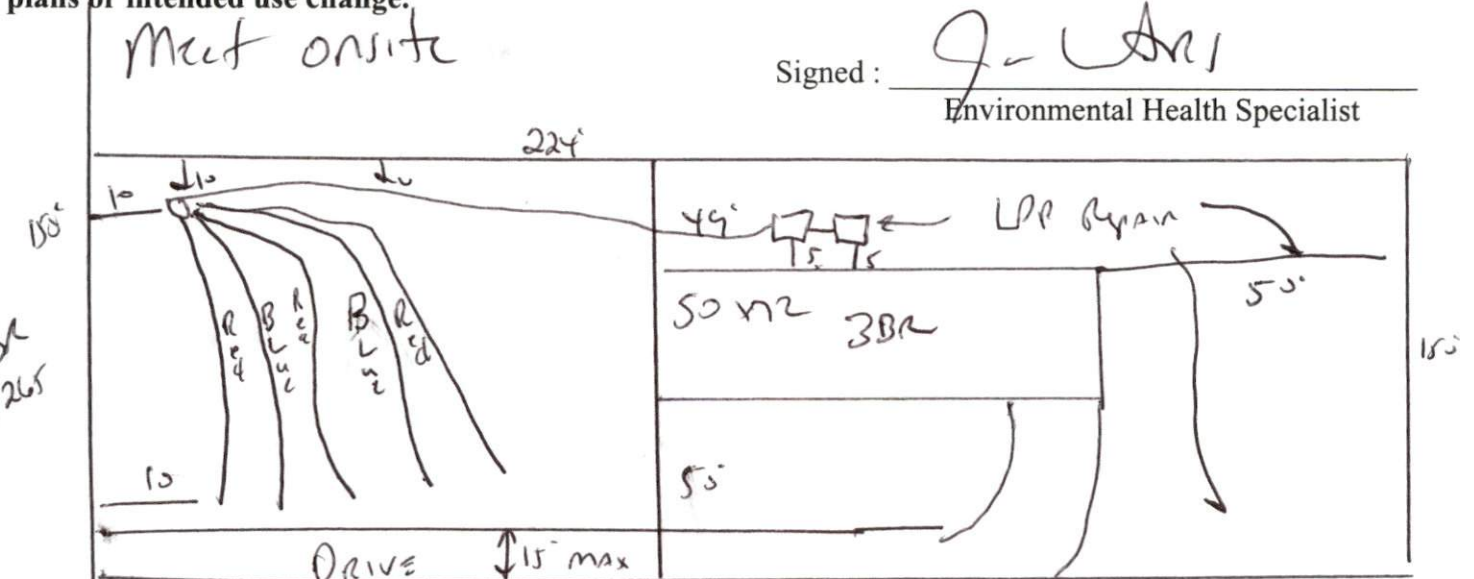
Subsurface Drainage Field No. of ditches 5 ft. exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

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

Date: 02-17-06  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: J. L. ...  
Environmental Health Specialist



NOTE DRIVE WAY must be along this property line 15' max width  
MAINTAIN ALL SETBACKS

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 # 22522. 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.*

Joseph Allen  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1265  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
Campbell Creek Eit. 2 3(72x15) 360 gpd 1.77 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 5 Length of lines 100 Ft.  
Width of ditches 3 ft. Depth of ditches 18 MAX 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.

Joe West RS  
Signature of Authorized Agent for Harnett County \_\_\_\_\_ Date 2-17-06