

HTE# 02-51469

# IMPROVEMENT PERMIT 22562

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) Ronald K. Tyndall New Installation  Septic Tank  Repair   
 Property Location: SR# 1705 Fairground Rd. Nitrification Line  Expansion   
 Subdivision \_\_\_\_\_ Lot # 1  
 Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
 Number of Bedrooms Proposed: 3 (360 ypd) Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:   
 Water Supply:  Well  Public  Community  
 Distance From Well: 50 min. ft.

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

Type of system:  Conventional  Other 25% Reduct. on System

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

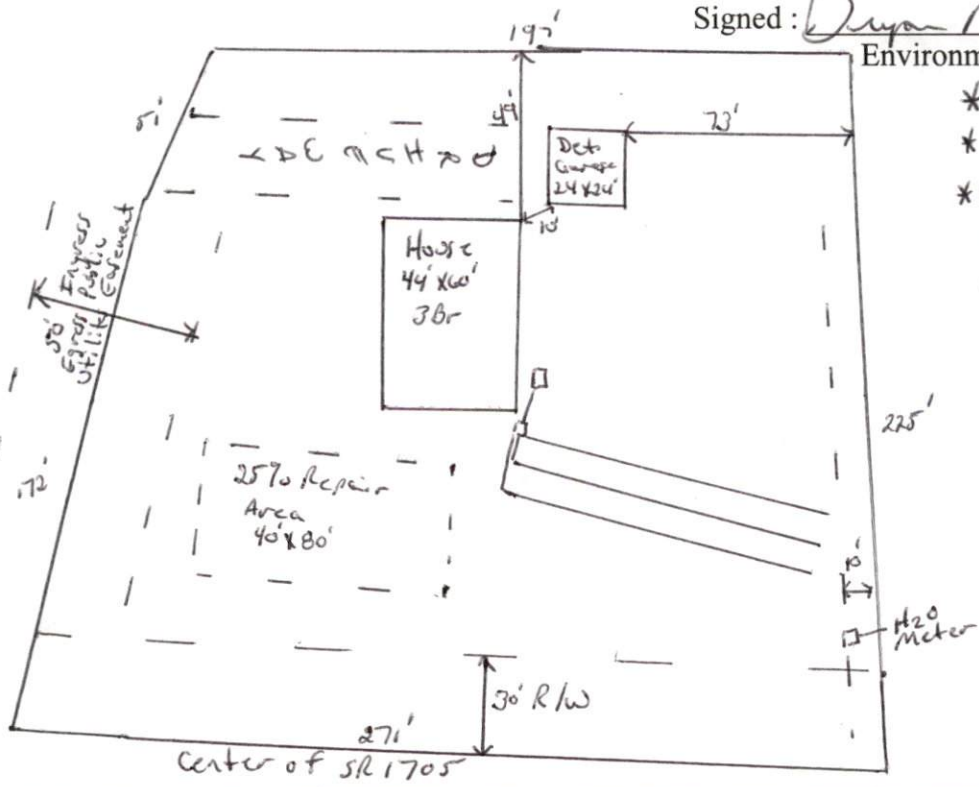
Subsurface No. of exact length width of depth of  
 Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 18 in.

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

Date: 3/9/2006  
**PERMIT EXPIRES 5 YEARS FROM ABOVE DATE**

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

Signed: Bryan McSwain, R.S.  
 Environmental Health Specialist



- \* Maintain all setbacks
- \* Run ditches on contour
- \* Be ~~aware~~ aware of H2O meter & possible H2O line

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 # 22562. 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.*

Ronald K. Tyrdall 897-4735  
Name Telephone #

P.O. Box 116 Coats, N.C. 27521  
Address

1705 Fairground  
Property Location SR# Road Name

1 3 (360 gpd)  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other 25% Reduction System

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 3 Length of lines 100 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]  
Signature of Authorized Agent for Harnett County

3/9/2006  
Date