

HTE# 06-5-14704

IMPROVEMENT PERMIT 22580

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) Ronnie D. Jones New Installation Septic Tank Repair

Property Location: SR# 1412 Christ. Light (Gillham) Nitrification Line Expansion

Subdivision Jones W. G. II Lot # 4

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 gal) Lot Size: 5.54Ac

Basement with Plumbing: Garage:

Water Supply: Well 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 Other 25% Reduct. in System

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

Subsurface Drainage Field	No. of ditches	exact length of each ditch	width of ditches	depth of ditches
	<u>2</u>	<u>150</u> ft.	<u>3</u> ft.	<u>18-20</u> in.

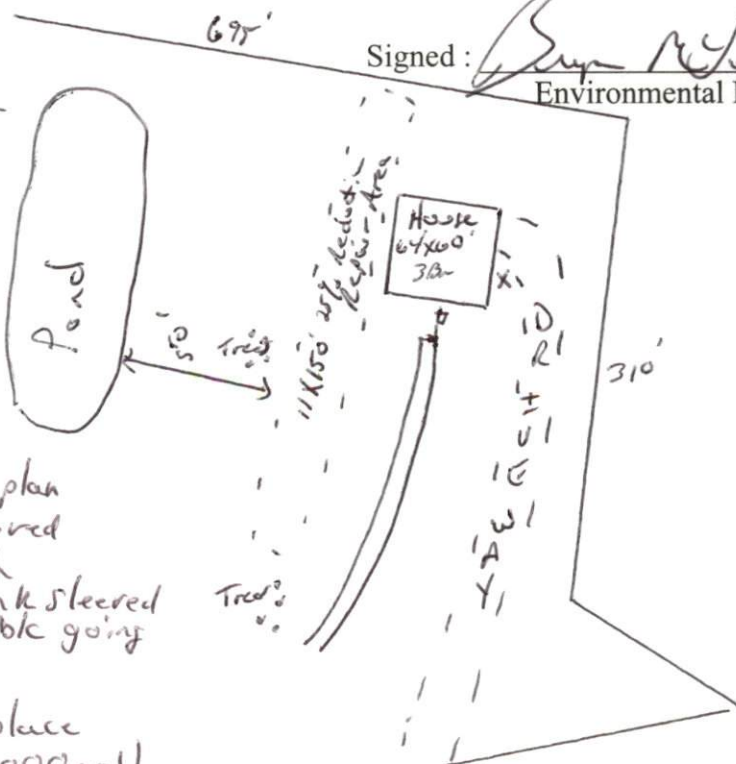
French Drain Required: _____ Linear feet

Date: 6/6/2006

This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
Environmental Health Specialist

*Maintain all setbacks
*Road-tches on contour
+NO DEEPER than 20 inches
*System has been layout



9/19/2006 Bm
Due to change in site plan
septic tank can be moved
to the X on the sketch
with the pipe from tank sleeved
w/ iron pipe to D-BOX (b/c going
under drive way
or
Keep tank in original place
+ set pump tank (1000 gal)

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 # 225f0. 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.***

Ronnie D. Jones Name Telephone # 919 772 7170

215 Tryon Rd Raleigh, N.C. 27603 Address

1412 Property Location SR# Christon Light Road Name

Jones W. Gill Subdivision 4 Lot # 3 (360 sq ft) # Bedrooms Proposed 0.54 Ac 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 2 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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

4/6/2006
Date