

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-5-15461

IMPROVEMENT PERMIT 23125

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) R.L. Properties New Installation Septic Tank Repair

Property Location: SR# 1566 Popes Lake Nitrification Line Expansion

Subdivision Popes Lake Lot # 12

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 5 BR 600 GPD Lot Size: 0.95 ACRES

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ ft.

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

Type of system: Conventional Other _____

Size of tank: Septic Tank: 2500 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 5 ft. of each ditch 115 ft. ditches 3 ft. ditches 26" → 16" MAX
1ST 3 DITCHES
24" → 16" MAX
LAST 2 DITCHES

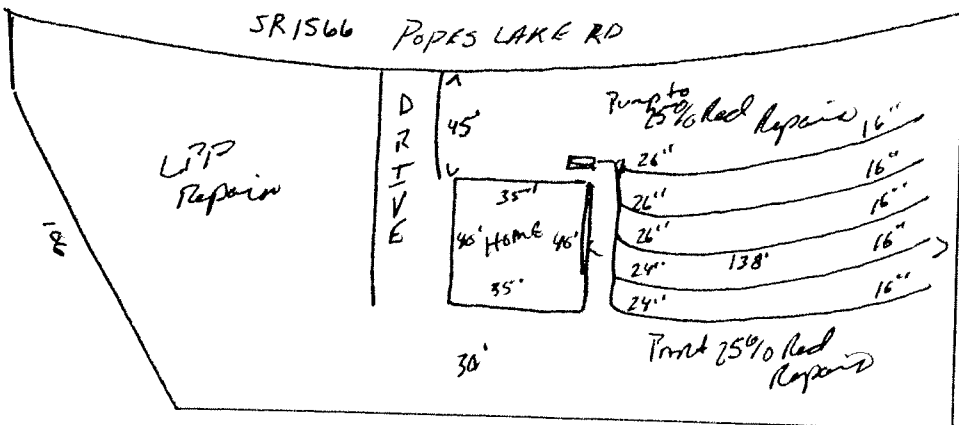
French Drain Required: - Linear feet

Date: 8-14-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Manley
Environmental Health Specialist



1ST 3 DITCHES
TO BE
26" → 16" MAX
LAST 2 DITCHES
TO BE
24" → 16" MAX

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 # 23125. 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 R. L. Properties Telephone # 719-639-4295

Address P.O. Box 2050 Angier N.C. 27501

Property Location SR# 1566 Road Name Popes Lake

Subdivision Popes Lake Lot # 12 # Bedrooms Proposed 5^{BR} 6006PD Lot Size .95

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1500 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 5 Length of lines 115 Ft.

Width of ditches 3 ft. Depth of ditches 26-216 inches

French Drain: Linear feet required _____ Depth of gravel 24-216 _____

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.

James E. Markant
Signature of Authorized Agent for Harnett County

8-14-06
Date