

HTE# 06-5-15687

# IMPROVEMENT PERMIT 23145

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) DAVIDSON HOMECRAFTERS New Installation  Septic Tank  Repair

Property Location: SR# US 401 Nitrification Line  Expansion

Subdivision \_\_\_\_\_ Lot # 3

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

Number of Bedrooms Proposed: 3 BRN, 360 GPD Lot Size: 2.14 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: 1000 gallons <sup>22'</sup> Pump Tank: \_\_\_\_\_ gallons

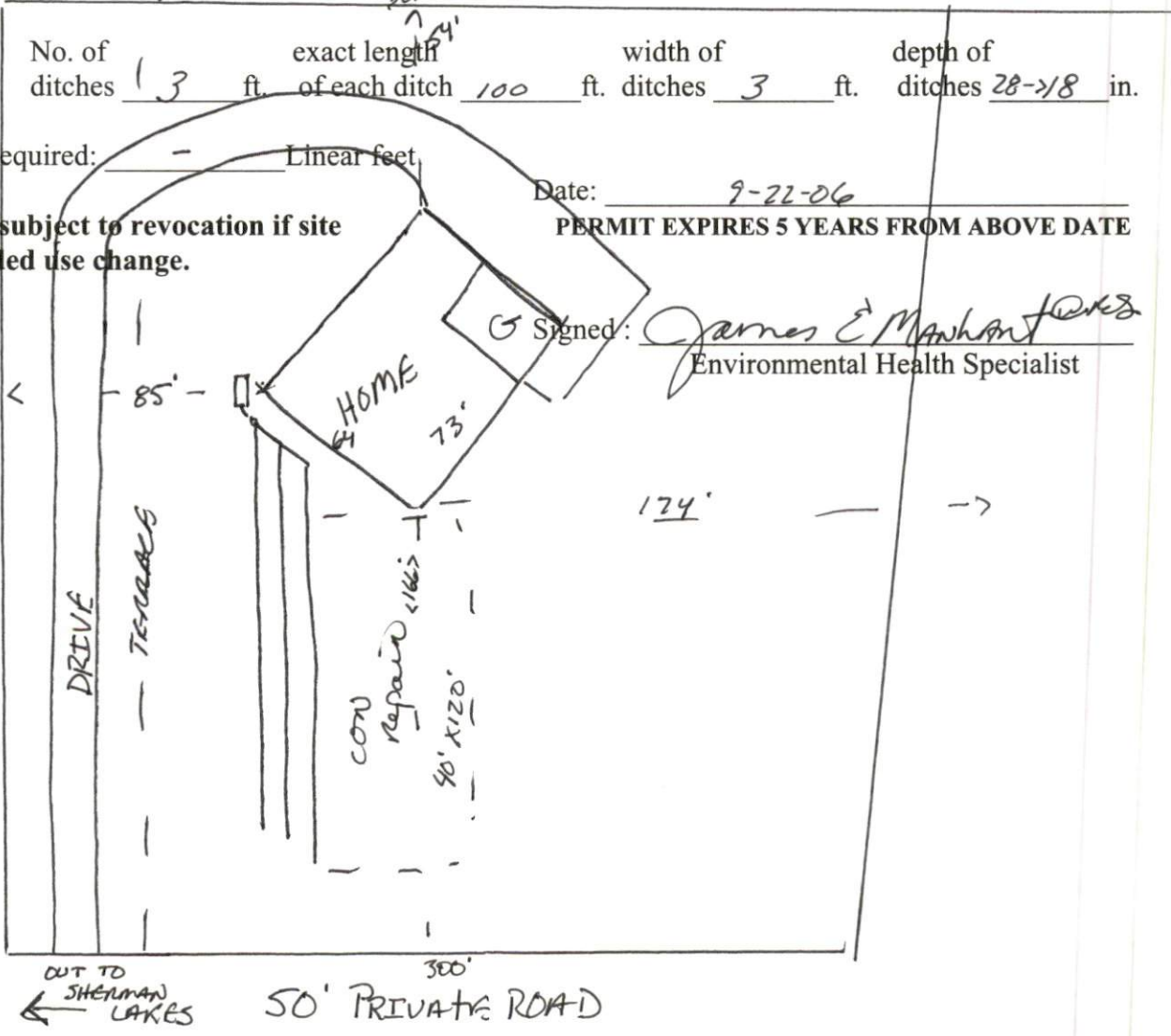
Subsurface Drainage Field No. of ditches 3 exact length 100 ft. of each ditch width of ditches 3 ft. depth of ditches 28-3/8 in.

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

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

Date: 9-22-06

Signed: James E. Marshall  
Environmental Health Specialist



06-5-15682

# 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 # 23145. 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 DAVIDSON HOMEQUARTERS Telephone # 919-422-5941

Address 5501 Emerald CT Holly Springs N.C. 27540

Property Location SR# 401 Road Name 401

Subdivision \_\_\_\_\_ Lot # 3 # Bedrooms Proposed 3000 360GPD Lot Size 2.14 ac

### 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 1000 gal Pump Chamber \_\_\_\_\_ gal

### NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 28-718 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.

James E. Merchant  
Signature of Authorized Agent for Harnett County

9-22-06  
Date