

EXPIRED IPAC FOR REFERENCE
HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

SCANNED
5/29/09

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20811. 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.*

CHARLIE & OKIE AKROYD 910-482-4377
Name Telephone #

285 KINWOOD FAYETTEVILLE NC
Address

1107 CYPRESS CHURCH RO
Property Location SR# Road Name

2 4 4.42 ac
Subdivision Lot # # Bedrooms Proposed Lot Size

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: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 80 Ft.
Width of ditches 3 ft. Depth of ditches 36 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] RS 5/20/04
Signature of Authorized Agent for Harnett County Date

EXPIRED IPAC FOR REFERENCE.

HARNETT COUNTY HEALTH DEPARTMENT

20811

HTE 04-5-9329

IMPROVEMENT PERMIT

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) AKROYD, CHARLIE & ORIE
Property Location: SR# 1107 CYPRESS CHURCH RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 4.42 AC

Basement with Plumbing: [X] Garage: [X]

Water Supply: [] Well [X] Public [] Community

Distance From Well: 100 ft.

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

Type of system: [X] Conventional [] Other

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

Subsurface Drainage Field No. of Ditches 5 exact length of each ditch 20 ft. width of ditches 3 ft. depth of ditches 36 in.

French Drain Required: _____ Linear feet

Date: 5/20/04

Signed: [Signature] BS (OLIVER TOLKSDORF) Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION
* IF FALL CANNOT BE MAINTAINED A PUMP WILL BE REQUIRED

